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ABSTRACT

This supplement to the final report presents raw data from the survey for a project to describe the current and future roles of professional administrators, medical directors, and governing bodies of fee for service and prepay medical group practices of various sizes in such a way as to be potentially useful to health care delivery educators in curriculum evaluation and design. The raw data are presented in tabular format, and each table is introduced with a description of the data and how the data was organized in the table. Also, each table and its description are presented together in a singular unit so that the unit may be removed intact from the body of this supplement. There are 15 tables included under the category of Professional Administrator, 15 under the category of Medical Director, 14 under the category of Governing Body, 2 under the category of Combined; 6 under the category of Agreement, and 11 under the category of Future Data. (HD)

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--ANNOTATED DATA TABLES--

A SUPPLEMENT TO GROUP PRACTICE ADMINISTRATION: CURRENT AND FUTURE ROLES

A Supplement to the Final Report
for
Contract Number N01-MB-44176
Bureau of Health Manpower
Health Resources Administration
Public Health Service
U.S. Department of Health, Education, and Welfare
Karl Hoffman, Project Officer

compiled by

James E. Shoemaker

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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CE 008 430

Center for Research in Ambulatory Health Care Administration
and
University of Colorado Medical Center

PREFACE

This supplement includes all raw data which were delivered under Contract Number N01-MB-44176, U. S. Department of Health, Education, and Welfare. The raw data are presented in tabular format, and each table is introduced with a description of the data and how the data are organized in the table. Also, each table and its description are presented together in a singular unit so that the unit may be removed intact from the body of this supplement.

The bulk of the tedious preparation of these tables was accomplished by Barbara Grisinger. Her inordinate persistence and attention to detail required by the task are hereby acknowledged.

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TABLE PA-1

Frequency Distribution of Professional Administrators' Responses to Organizational and Biographical Questions

Part of the survey questionnaire included biographical and organizational questions. The professional administrators' answers to these questions were organized into frequency distributions presented in Table PA-1.

TABLE PA-1

FREQUENCY DISTRIBUTION OF PROFESSIONAL ADMINISTRATORS' RESPONSES TO ORGANIZATIONAL AND BIOGRAPHICAL QUESTIONS

Number of respondents

Lay administrator only	315
Medical director only	7
Governing body chairperson only	3
Lay administrator and medical director	36
Lay administrator and governing body chairperson	171
Medical director and governing body chairperson	2
Lay administrator, medical director, and governing body chairperson	61

****

I. Biographical
  1. Birth and sex
    a. Year born:

1906--1910	4
1911--1915	30
1916--1920	67
1921--1925	73
1926--1930	75
1931--1935	83
1936--1940	76
1941--1945	81
1946--1950	43
1951--1955	4

TABLE PA-1 (CONTINUED--2 OF 28)

1. (Continued)
   b. Sex:

Male	519
Female	62

****

2. Educational experience
   a. Degree

8th grade or less	1
9--11 years	0
High school graduate	31
1--4 years college	85
BA degree	295
Graduate degree	111

----

b. Major for BA degree:

Accounting	78
Administration of health services	4
Business/Public Administration	144
Creative arts	1
Economics	31
Education	9
Liberal arts	14
Management/Marketing	20
Mathematics	4
Medical technology	2
Physical sciences	26

TABLE PA-1 (CONTINUED--3 OF 28)

2. b. (Continued)

Political science	11
Psychology.	15
Social sciences	19
Other	45

c. Major for graduate degree:

Accounting/Economics	10
Business administration. . . .	35
Health services administration	45
Law.	4
Physical sciences.	0
Social sciences.	5
Other.	16

d. Year last degree received:

1913	1
⋮	
1926--1930	1
1931--1935	4
1936--1940	22
1941--1945	19
1946--1950	54
1951--1955	48
1956--1960	53

TABLE PA-1 (CONTINUED--4 OF 28)

2. d. (Continued)

1961--1965	68
1966--1970	63
1971--1975	59

****

3. Presently working on additional degree:

No.	521
Yes	45

----

a. Degree for which presently working:

BA degree . . .	14
Graduate degree	26

----

b. Major area of current work:

Accounting.	4
Administration of health services	4
Business/public administration. .	21
Education	2
Management/Marketing.	6
Social sciences	1

****

4. Continuing professional educational seminars attended last four years:

0 .	81
1--2.	128
3--4.	172
5--6.	76

TABLE PA-1 (CONTINUED--5 OF 28)

4. (Continued)

7--8.	61
9--10	20
11--12	17
13--14	6
15--16	8
17--18	1
19--20	5
⋮	
25	1

* * *

5. Past professional work experience
   a. Number of jobs/titles in health care field:

0	2
1	268
2	160
3	93
4	44
5	8
6	1

---

b. Total years in health care field:

0	3
1--5.	189
6--10	132

TABLE PA-1 (CONTINUED--6 OF 28)

5. b. (Continued)

11--15	83
16--20	64
21--25	53
26--30	41
31--35	7
36--40	0
41--45	1

---

c. Number of jobs/titles in service field:

0	271
1	184
2	78
3	27
4	3

---

d. Total years in service field:

0	271
1--5.	156
6--10	76
11--15	29
16--20	21
21--25	6

TABLE PA-1 (CONTINUED--7 OF 28)

5. d. (Continued)

26--30	2
.	
.	
.	
39	1

----

e. Number of jobs/titles in manufacturing/retail field:

0	383
1	119
2	40
3	13
4	1

----

f. Total years in manufacturing/retail field:

0	383
1--5.	88
6--10	39
11--15	24
16--20	7
21--25	10
26--30	3
31--35	0
36--40	1

TABLE PA-1 (CONTINUED--8 OF 28)

5. (Continued)

g. Number of jobs/titles in government:

0	433
1	105
2	12
3	2

---

h. Total years in government:

0	433
1--3.	44
4--6.	47
7--9.	6
10--12	3
13--15	3
16--18	2
19--21	4
22--24	3
25--27	3
28--30	3

---

i. Number of years out of school until first full-time clinic administration job:

0	152
1--5.	115
6--10	98
11--15	49

TABLE PA-1 (CONTINUED--9 OF 28)

5. I. (Continued)

16--20	28
21--25	23
26--30	6
31--35	5
36--40	3

****

II. Organizational Information

6. Governing body of organization:

Association	2
Board of directors/trustees/regents	320
Executive/management committee. . .	95
Foundation.	1
Founder/sole proprietorship	3
Partnership	76
Stockholders.	9
Other	50

****

7. Authority and duties of lay administrator defined in written statement:

No.	431
Yes	148

****

8. Hours in a typical week spent as group practice administrator:

0	0
1--10	5
11--20	6

TABLE PA-1 (CONTINUED--10 OF 28)

8. (Continued)

21--30	11
31--40	115
41--50	341
51--60	92
61--70	8
71--80	1

****

9. Lay administrator reports to:

Administrative director . .	8
All physicians.	27
Board of directors/regents.	133
Chairman/president.	211
Founder/sole proprietorship	1
Medical director.	48
Partners.	39
Other	100

****

10. Fiscal responsibility for group
    a. Capital expenditures:

Administrator	68
Administrator and governing body.	195
Administrator and governing body and other.	5
Administrator and medical director.	19
Administrator and medical director and governing body	34

TABLE PA-1 (CONTINUED--11 OF 28)

10. a. (Continued)

Administrator and medical director and governing body and other	1
Administrator and medical director and other.	4
Administrator and other	15
Governing body.	186
Governing body and other.	12
Medical director.	10
Medical director and governing body	6
Medical director and governing body and other	1
Medical director and other.	0
Other	10

---

b. Supplies or recurring items:

Administrator	489
Administrator and governing body.	23
Administrator and governing body and other.	4
Administrator and medical director.	15
Administrator and medical director and governing body	4
Administrator and medical director and governing body and other	0
Administrator and medical director and other.	1
Administrator and other	17
Governing body.	3
Governing body and other.	2

TABLE PA-1 (CONTINUED--12 OF 28)

10. b. (Continued)

Medical director.	1
Medical director and governing body	0
Medical director and governing body and other	0
Medical director and other.	1
Other	13

****

11. Lay administrator's involvement in personal business affairs of physicians:

Never. . . .	44
Seldom . . .	266
Often. . . .	163
A great deal	107

****

12. Scheduled hours of service provided by the group practice
a. Full service hours on Monday--Friday:

0	4
1--3.	49
4--6.	5
7--9.	389
10--12	114
13--15	15
16--18	0
19--21	1
22--24	3

TABLE PA-1 (CONTINUED--13 OF 28)

12. (Continued)
b. Full service hours on Saturday:

0	276
1--3.	72
4--6.	183
7--9.	34
10--12	7
13--15	1
16--18	0
19--21	0
22--24	5

----

c. Full service hours on Sunday:

0	545
1--3.	3
4--6.	5
7--9.	2
10--12	0
13--15	0
16--18	0
19--21	0
22--24	5

TABLE PA-1 (CONTINUED--14 OF 28)

12. (Continued)

d. Limited service hours on Monday--Friday:

0	438
1--3.	44
4--6.	18
7--9.	2
10--12	14
13--15	49
16--18	14
19--21	0
22--24	1

---

e. Limited service hours on Saturday:

0	408
1--3.	39
4--6.	49
7--9.	13
10--12	12
13--15	5
16--18	9
19--21	25
22--24	17

TABLE PA-1 (CONTINUED--15 OF 28)

12. (Continued)
    f. Limited service hours on Sunday:

0	481
1--3.	12
4--6.	11
7--9.	8
10--12	3
13--15	3
16--18	2
19--21	1
22--24	54

****

13. Normal staffing level in terms of full-time equivalents
    a. Physicians
        (1) Physician members
            (i) Total positions:

0	60
1--10	291
11--20	126
21--30	50
31--40	24
41--50	9
51--60	6
61--70	2
71--80	3
81--90	2

TABLE PA-1 (CONTINUED--16 OF 28)

13. a. (1) (I) (Continued)

91--100	0
101--110	0
111--120	1
⋮	
250	1

(II) Filled positions:

0	64
1--10.	300
11--20.	120
21--30.	46
31--40.	25
41--50.	7
51--60.	5
61--70.	2
71--80.	2
81--90.	2
91--100	0
101--110	1
⋮	
250	1

TABLE PA-1 (CONTINUED--17 OF 28)

13. a. (1) (Continued)
(iii) Vacant positions:

0	478
1--10	91
11--20	5
21--30	1

----

(2) Physician employees
(i) Total positions:

0	187
1--10.	318
11--20.	35
21--30.	9
31--40.	6
41--50.	6
51--60.	2
61--70.	2
71--80.	0
81--90.	0
91--100	1
⋮	
130	1
⋮	
167	1

TABLE PA-1 (CONTINUED--13 OF 28)

13. a. (2) (Continued)
(ii) Filled positions:

0	197
1--10.	311
11--20.	32
21--30.	9
31--40.	5
41--50.	6
51--60.	2
61--70.	2
71--80.	0
81--90.	0
91--100	1
.	
.	
.	
123	0
.	
.	
.	
167	1

(iii) Vacant positions:

0	500
1	28
2	19
3	8
4	3
5	2
7	2

TABLE PA-1 (CONTINUED--19 OF 28)

13. a. (2) (III) (Continued)

10	2
14	1
15	1
16	1

b. Non-physician employees
(1) Total positions:

0	7
1--50.	387
51--100	92
101--150	37
151--200	18
201--250	2
251--300	3
301--350	0
351--400	2
401--450	3
451--500	1
501--550	0
551--600	2
⋮	
825	1
⋮	
1150	1
⋮	
1498	1

TABLE PA-1 (CONTINUED--20 OF 28)

13. b. (2) (Continued)
(ii) Filled positions:

0	8
1--50.	391
51--100	87
101--150	37
151--200	17
201--250	5
251--300	1
301--350	2
351--400	2
401--450	2
451--500	0
501--550	0
551--600	2
⋮	
820	1
⋮	
1148	1
⋮	
1420	1

(iii) Vacant positions:

0	493
1	25
2	15
3	3

TABLE PA-1 (CONTINUED--21 OF 28)

13. b. (2) (III) (Continued)

4	4
5	2
6	2
8	1
10	1
14	1
15	1
17	1
18	1
22	1
28	1
45	1
78	1

****

14. Growth of group:

Decreasing	13
Stable . .	182
Growing. .	383

****

15. Annual gross operating revenue (in thousands of dollars) generated by clinic medical staff:

0--1,000.	194
1,001--2,000.	183
2,001--3,000.	63

TABLE PA-1 (CONTINUED--22 OF 28)

15. (Continued)

3,001--4,000.	23
4,001--5,000.	13
5,001--6,000.	21
6,001--7,000.	7
7,001--8,000.	3
8,001--9,000.	3
9,001--10,000	2
10,000+	5

****

16. Percentage of gross operating revenue from prepayment:

0	455
1--10.	41
11--20.	7
21--30.	9
31--40.	3
41--50.	6
51--60.	4
61--70.	2
71--80.	7
81--90.	6
91--100	8

****

TABLE PA-1 (CONTINUED--23 OF 28)

17. Average number of patients seen per day by all physicians in your group:

0	0
1--100	89
101--200	163
201--300	97
301--400	61
401--500	32
501--600	23
601--700	7
701--800	6
801--900	4
901--1000	4
1001+	2

****

18. Presence of clinic offices or satellites in other than the main clinic location
    a. Number of clinic satellites:

0	432
1	90
2	35
3	13
4	6
5	4
10	1

TABLE PA-1 (CONTINUED--24 OF 28)

18. (Continued)
    b. Average distance of satellites from clinic (miles):

1--5.	33
6--10	28
11--15	34
16--20	11
21--25	11
26--30	6
31--35	2
36--40	4
41--45	2
46--50	1
50+	5

****

19. Standing clinical and management committees
    a. Standing clinical committees
       (1) Clinical Utilization:

No.	563
Yes	16

---

(2) Educational:

No.	512
Yes	67

---

(3) Fee:

No.	562
Yes	17

TABLE PA-1 (CONTINUED--25 OF 28)

19. a. (Continued)

(4) Medical information:

No.	551
Yes	29

(5) Medical policy:

No.	540
Yes	39

(6) Medical records:

No.	512
Yes	67

(7) Review of professional performance:

No.	479
Yes	101

(8) Review of special performance:

No.	542
Yes	37

(9) Scientific:

No.	562
Yes	16

(10) Specialty:

No.	556
Yes	23

TABLE PA-1 (CONTINUED--26 OF 28)

19. a. (Continued)
(11) Supporting services facilities:

No.	492
Yes	88

(12) Other:

0	493
1	58
2	16
3	6
5	3
7	3
8	4

b. Standing management committees
(1) Community relations:

No.	567
Yes	12

(2) Compensation, benefits, and insurance:

No.	470
Yes	110

(3) Coordination and liaison:

No.	570
Yes	9

TABLE PA-1 (CONTINUED--27 OF 28)

19. b. (Continued)

(4) Current facilities and maintenance:

No.	523
Yes	57

(5) Equipment:

No.	569
Yes	10

(6) Executive/governing:

No.	351
Yes	225

(7) Fiscal:

No.	486
Yes	94

(8) Personnel management:

No.	517
Yes	62

(9) Planning:

No.	507
Yes	72

(10) Satellite:

No.	570
Yes	9

TABLE PA-1 (CONTINUED--28 OF 28)

19. b. (Continued)
(11) Selection/recruitment:

No.	510
Yes	68

(12) Other:

0	494
1	56
2	21
3	6
4	2

TABLE PA-2

Frequency Distribution of Professional Administrators' Responses to Standard List of Administrative Tasks

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. For each task, the professional administrator indicated if the task was performed in his medical group. The frequencies of these responses are included in Table PA-2 in column 1, "Task Performed."

If the task was performed by someone in his group, the professional administrator indicated who was chiefly responsible for satisfactory performance of the task according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator. The frequencies of these responses are included in the Table PA-2 in column 2, "Chief Responsibility."

Regardless of whom the professional administrator indicated to be chiefly responsible for satisfactory performance of the task, the professional administrator indicated the extent of his personal involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). The frequencies of these responses are included in Table PA-2 in column 3, "Personal Involvement."

TABLE PA-2

FREQUENCY DISTRIBUTION OF PROFESSIONAL ADMINISTRATORS' RESPONSES TO STANDARD LIST OF ADMINISTRATIVE TASKS

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:												
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	244	339	12	245	12	37	21	13	66	85	67	112
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	87	496	17	345	29	37	[illegible]	11	64	134	135	151
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	183	400	16	203	42	91	26	16	79	121	80	100
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:												
a. New medical equipment and procedures.	16	567	13	104	86	241	73	34	111	171	127	110
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	14	569	2	504	10	25	12	7	29	50	100	377
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	50	533	9	351	29	73	37	18	68	110	145	179
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	8	575	5	494	9	23	21	7	13	31	87	427
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	67	516	8	32	105	318	24	76	150	151	64	53

TABLE PA-2 (CONTINUED--2 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	14	569	3	377	17	121	17	12	17	59	122	346
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.	114	469	16	121	47	174	62	48	102	136	92	84
6. Establish/approve the need to replace existing or purchase additional medical equipment.	10	573	6	134	62	276	36	21	55	154	171	159
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	8	573	4	428	13	89	15	7	14	47	126	374
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	11	571	1	490	5	15	45	14	17	50	108	375
9. Approve purchases of equipment or services costing in excess of $1,000.	8	574	1	101	21	383	22	13	20	97	153	292
10. Establish/approve:												
a. Criteria for quality care.	77	505	4	10	94	335	33	83	140	151	57	60
b. Policies governing your group's organizational structure and type.	27	554	1	65	33	384	22	22	45	159	143	175
c. Policies governing the number and kind of patients that your group will serve.	138	444	3	24	39	317	28	42	80	136	97	84
d. Policies governing the growth or reduction in the number of physicians in your group.	37	545	3	14	47	411	31	60	83	132	142	116
e. Policies governing the growth or reduction in the number of administrators in your group.	175	407	1	106	21	252	9	42	26	46	79	215

TABLE PA-2 (CONTINUED--3 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
10. Continued.												
f. Policies governing the specialty mix of your group's physicians.	118	463	3	4	57	351	24	80	103	143	62	65
g. Financial policies....................................	7	575	1	206	24	281	18	5	8	61	108	384
h. Accounting policies....................................	4	577	1	394	11	116	39	6	6	39	89	430
i. Physician personnel policies............................	41	541	1	37	80	368	22	70	110	133	109	111
j. Non-physician personnel policies........................	6	575	0	420	11	97	20	7	7	24	83	448
11. Develop long-range master plans (e.g., facility, financial, etc.).	89	493	2	174	22	207	33	13	25	80	116	253
12. Approve long-range master plans (e.g., facility, financial, etc.).	93	489	1	19	22	381	29	42	50	105	102	177
13. Search and negotiate for investment capital.................	200	382	1	217	14	94	32	27	28	39	80	204
14. Approve your group's operating budget........................	161	421	0	57	17	299	17	15	12	36	102	253
15. Develop, review, and/or revise standard operating procedures for:												
a. Delivering patient care..................................	87	493	1	36	86	297	38	50	105	147	82	87
b. Physician personnel administration.......................	84	497	1	56	86	298	21	66	104	121	93	99
c. Non-physician personnel administration...................	14	567	1	467	9	49	18	5	7	40	98	411
d. Utilization control (non-physician)......................	140	440	2	330	14	56	13	9	16	56	100	253

TABLE PA-2 (CONTINUED--4 OF 12)

	1. Task Performed No	1. Task Performed Yes	2. Chief Responsibility NO	2. Chief Responsibility LA	2. Chief Responsibility MD	2. Chief Responsibility GB	2. Chief Responsibility OT	3. Personal Involvement 1	3. Personal Involvement 2	3. Personal Involvement 3	3. Personal Involvement 4	3. Personal Involvement 5
15. Continued.												
e. Cost controls..	34	547	1	444	9	50	16	5	6	36	100	395
f. Billing and collecting..................................	4	576	1	488	3	16	51	9	29	49	86	401
g. Interacting and dealing with outside agencies.	26	554	3	432	20	47	22	9	22	92	119	307
h. Gathering, processing, and evaluating information important to your group.	26	554	3	441	15	28	28	5	24	88	109	326
16. Approve standard operating procedures (new or revised) for:												
a. Delivering patient care................................	83	497	2	15	77	346	28	51	108	162	83	76
b. Physician personnel administration........................	82	498	0	31	75	346	16	68	113	137	92	73
c. Non-physician personnel administration.	12	568	1	391	13	124	12	7	18	53	114	366
d. Utilization control (non-physician).	123	456	1	305	16	98	12	11	17	58	91	273
e. Cost controls..	37	543	0	367	13	116	18	10	8	51	101	361
f. Billing and collecting..................................	9	571	1	391	4	105	40	9	24	40	101	388
g. Interacting and dealing with outside agencies.	41	539	3	306	27	144	22	13	36	88	131	261
h. Gathering, processing, and evaluating information important to your group.	33	546	1	335	28	119	22	7	40	88	121	281

TABLE PA-2 (CONTINUED--5 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
17. Enforce adherence to standard operating procedures by:												
a. Physician members (participating)	90	490	1	23	105	321	15	72	116	136	75	69
b. Physician employees (salaried)	92	488	0	66	100	281	16	66	95	131	78	105
c. Nurses and medical technicians	25	555	2	361	34	73	47	18	31	95	132	267
d. Receptionists, clerks, and maintenance personnel.	9	570	0	493	5	22	31	8	20	49	110	376
e. Administrative staff	27	552	0	424	14	81	12	12	14	49	85	378
18. Develop physician staffing plans	85	494	1	61	77	277	38	59	81	138	93	105
19. Develop non-physician staffing plans	56	522	1	425	13	35	22	6	18	56	112	323
20. Approve staffing plans	64	513	1	98	30	319	23	23	34	94	131	223
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:												
a. Physician members (participating)	226	353	0	27	59	225	24	59	91	87	59	51
b. Physician employees (salaried)	206	373	0	37	67	217	26	56	88	90	62	72
c. Nurses and medical technicians	66	513	2	310	32	86	42	12	38	100	120	235
d. Receptionists, clerks, and maintenance personnel.	45	534	1	446	9	21	37	8	20	47	104	352
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:												
a. Physician members (participating)	235	343	1	9	50	251	20	76	97	75	47	41

TABLE PA-2 (CONTINUED--6 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
22. Continued.												
b. Physician employees (salaried).	209	369	0	18	57	258	21	78	99	83	56	48
c. Nurses and medical technicians.	75	503	2	255	36	119	29	20	37	107	122	212
d. Receptionists, clerks, and maintenance personnel.	53	525	1	408	11	75	13	8	16	53	89	353
e. Administrative staff.	68	509	1	340	12	128	9	12	13	59	83	334
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:												
a. Physician members (participating).	64	514	1	94	43	310	26	51	47	116	119	170
b. Physician employees (salaried).	72	506	0	108	41	294	19	44	50	105	122	174
c. Nurses and medical technicians.	22	556	0	396	19	78	22	6	20	51	104	372
d. Receptionists, clerks, and maintenance personnel.	12	566	0	449	9	52	20	7	9	42	86	418
24. Approve payment plans/salary schedules and benefits (new or revised) for:												
a. Physician members (participating).	67	510	1	15	29	408	24	90	64	135	91	119
b. Physician employees (salaried).	73	504	0	21	28	399	20	80	71	125	92	127
c. Nurses and medical technicians.	24	553	0	215	21	252	23	22	29	68	111	313
d. Receptionists, clerks, and maintenance personnel.	11	564	0	268	17	223	20	17	22	53	100	365
e. Administrative staff.	21	555	0	207	18	274	20	37	22	61	97	334

TABLE PA-2 (CONTINUED--7 OF 12)

	1. Task Performed No	1. Task Performed Yes	2. Chief Responsibility NO	2. Chief Responsibility LA	2. Chief Responsibility MD	2. Chief Responsibility GB	2. Chief Responsibility OT	3. Personal Involvement 1	3. Personal Involvement 2	3. Personal Involvement 3	3. Personal Involvement 4	3. Personal Involvement 5
25. Recruit the following to fill openings in your organization:												
a. Physician members (participating)........................	92	484	3	76	84	218	65	73	71	88	85	157
b. Physician employees (salaried)............................	63	512	2	99	88	217	70	64	64	89	105	180
c. Nurses and medical technicians...........................	17	560	0	430	12	39	56	16	44	61	99	332
d. Receptionists, clerks, and maintenance personnel.	6	570	1	479	4	20	50	18	38	43	81	378
26. Negotiate salary and benefit contracts with organized groups of personnel.	453	124	3	93	3	10	12	9	5	10	13	88
27. Approve contracts with organized groups of personnel.	461	116	3	46	4	54	7	14	7	9	22	69
28. Approve appointment/hiring of:												
a. Physician members (participating)........................	68	511	0	5	42	410	41	137	89	116	80	70
b. Physician employees (salaried)............................	66	512	0	16	39	401	39	120	88	114	90	87
c. Nurses and medical technicians...........................	19	559	0	379	31	78	41	21	37	62	109	323
d. Receptionists, clerks, and maintenance personnel.	7	570	1	479	13	29	30	16	27	41	84	394
e. Administrative staff.......................................	23	553	0	384	16	116	10	35	14	43	83	366
29. Approve end of probationary appointments for physicians.	152	424	0	7	47	328	30	146	81	90	48	52
30. Negotiate contracts with physicians who wish to join the group.	35	543	0	112	79	280	33	85	61	80	114	194

TABLE PA-2 (CONTINUED--8 OF 12)

	1. Task Performed No	1. Task Performed Yes	2. Chief Responsibility NO	LA	MD	GB	OT	3. Personal Involvement 1	2	3	4	5
31. Orient and train new personnel:												
a. Physician members (participating)	141	437	5	48	110	171	72	94	85	112	62	65
b. Physician employees (salaried)	105	473	3	69	110	176	85	83	94	120	79	81
c. Nurses and medical technicians	25	552	4	278	24	47	171	61	110	124	86	162
d. Receptionists, clerks, and maintenance personnel.	10	567	2	400	3	18	127	35	86	87	94	251
32. Survey the job satisfaction of:												
a. Physician members (participating)	194	384	0	55	82	204	22	80	72	96	64	63
b. Physician employees (salaried)	172	405	1	68	80	204	25	71	76	94	70	86
c. Nurses and medical technicians	72	505	2	340	21	48	61	20	51	108	96	223
d. Receptionists, clerks, and maintenance personnel.	60	517	0	428	3	17	49	15	37	71	98	291
e. Administrative staff	81	496	1	379	11	66	20	22	29	54	97	283
33. Conduct job performance evaluations for:												
a. Physician members (participating)	321	257	1	9	59	155	18	71	69	51	29	27
b. Physician employees (salaried)	276	302	1	19	66	168	26	81	77	59	40	36
c. Nurses and medical technicians	108	471	1	271	32	45	88	29	60	90	93	192
d. Receptionists, clerks, and maintenance personnel.	78	501	2	387	6	16	68	20	50	60	91	273
e. Administrative staff	106	472	0	345	12	69	21	26	26	46	79	287

TABLE PA-2 (CONTINUED--9 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
34. Approve promotions of:												
a. Physician members (participating).	296	282	1	2	35	216	15	102	68	45	34	22
b. Physician employees (salaried).	209	369	1	8	42	275	20	116	81	67	51	41
c. Nurses and medical technicians.	51	527	0	308	36	111	38	23	31	88	114	263
d. Receptionists, clerks, and maintenance personnel.	21	557	1	438	14	51	32	13	27	53	96	363
e. Administrative staff.	49	528	0	376	15	107	14	26	16	48	89	339
35. Approve dismissals and terminations of:												
a. Physician employees (salaried).	83	493	1	7	43	399	26	168	103	92	43	63
b. Nurses and medical technicians.	26	552	0	294	40	131	48	29	53	78	103	281
c. Receptionists, clerks, and maintenance personnel.	10	568	0	450	20	45	26	12	28	52	78	392
d. Administrative staff.	23	554	0	367	24	127	17	39	28	36	76	364
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	107	471	2	93	50	255	30	70	41	77	93	180
37. Interpret group policy and clarify procedures for staff and employees.	15	562	0	414	20	69	17	8	12	43	122	370
38. Counsel, to assist with personal problems:												
a. Physician members (participating).	186	391	7	127	90	98	36	54	69	98	61	96
b. Physician employees (salaried).	179	399	7	135	88	95	36	49	66	102	68	102

TABLE PA-2 (CONTINUED--10 OF 12)

	1. Task Performed No	1. Task Performed Yes	2. Chief Responsibility NO	LA	MD	GB	OT	3. Personal Involvement 1	2	3	4	5
38. Continued.												
c. Nurses and medical technicians.............................	79	499	6	381	15	18	50	21	72	116	78	204
d. Receptionists, clerks, and maintenance personnel.	62	516	6	420	7	13	47	22	64	108	77	236
39. Mediate/arbitrate interpersonal problems:												
a. Among physicians..	79	499	4	79	126	220	32	98	84	130	77	95
b. Among nurses and medical technicians......................	46	532	1	398	26	30	47	16	53	88	109	257
c. Among receptionists, clerks, and maintenance personnel.	24	554	3	461	6	15	47	9	52	66	102	315
d. Among administrative staff................................	66	512	2	424	14	39	15	13	25	52	88	324
e. Between physicians and nurses.............................	56	522	3	284	75	78	43	22	36	105	107	240
f. Between physicians and administrators.....................	93	484	2	114	69	228	27	27	21	58	73	287
40. Discipline:												
a. Physician members (participating).........................	153	423	3	8	74	294	27	169	91	81	35	30
b. Physician employees (salaried)............................	141	435	4	18	80	290	22	158	77	93	42	46
c. Nurses and medical technicians............................	29	547	2	375	34	50	54	19	44	93	112	269
d. Receptionists, clerks, and maintenance personnel.	16	560	2	468	7	21	42	11	38	66	100	337
e. Administrative staff......................................	43	533	3	397	15	84	17	28	19	54	81	344

TABLE PA-2 (CONTINUED--11 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
41. Secure liability insurance coverage for your group and/or your physicians.	12	565	2	435	16	60	29	18	16	37	80	406
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	249	328	6	245	12	20	33	6	19	84	67	153
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.)....	5	572	4	471	8	12	55	12	38	102	112	302
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	64	513	2	300	74	63	45	32	49	98	100	226
45. Represent the group or individual physicians in court appearance on collection cases.	215	362	7	232	8	12	102	64	67	48	40	139
46. Represent the group or individual physicians in court appearances on malpractice litigation.	217	359	11	34	47	70	177	121	76	59	37	51
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	467	110	5	43	12	7	41	42	21	18	10	19
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	135	442	2	344	23	20	33	9	54	83	88	197
49. Represent your group at health care workshops and meetings.	45	532	10	352	45	27	47	23	63	110	100	225
50. Represent your group in civic matters and projects...........	103	474	6	296	33	49	49	22	65	102	102	171
51. Participate in public health education efforts...............	157	420	11	94	72	92	122	86	110	93	40	71
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.	229	348	7	159	42	69	41	12	52	76	76	125

TABLE PA-2 (CONTINUED--12 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
53. Work with the news media in releasing public and civic interest stories.	236	343	6	230	29	35	31	20	71	67	71	123
54. Negotiate medical services covered under health care contracts with organized consumer groups.	378	201	2	111	26	34	12	9	22	33	41	90
55. Negotiate fees or prices for health care contracts with organized consumer groups.	367	212	2	131	16	32	16	10	16	34	41	107
56. Approve contracts with organized consumer groups.	377	203	3	55	12	104	13	16	17	38	38	87
57. Settle grievances with industrial or group accounts.	275	303	2	224	10	26	27	11	24	53	56	151
58. Work with third party payors to assure efficient collections for the group.	40	537	2	442	6	15	63	16	32	94	107	282

TABLE PA-3

Frequency Distribution of Professional Administrators' Responses to Decision Table Section

Included in the survey questionnaire was the Decision Table Section. The Decision Table Section consisted of a number of hypothetical changes that might be made in a medical group practice. After reviewing the list, the professional administrator indicated the person or group who would have final authority in making the decision before the change would be made. The professional administrator also indicated all those persons or groups who would participate in the decision. The frequencies of these responses are presented in Table PA-3.

TABLE PA-3

FREQUENCY DISTRIBUTION OF PROFESSIONAL ADMINISTRATORS' RESPONSES TO DECISION TABLE SECTION

1. Final authority for decision
   a. Initiate a new patient education program for diabetics:

Governing body.	257
Medical director.	63
Administrator	9
Medical department head	72
Non-medical department supervisor	0
Individual physician.	101
Other	11

b. Setting the fee schedules for the clinic:

Governing body.	419
Medical director.	17
Administrator	47
Medical department head	14
Non-medical department supervisor	0
Individual physician.	28
Other	16

c. Change in the level of remuneration for an individual physician member (participating):

Governing body.	470
Medical director.	23
Administrator	13
Medical department head	5

TABLE PA-3 (CONTINUED--2 OF 14)

1. c. (Continued)

Non-medical department supervisor	0
Individual physician	7
Other	20

d. Change in the hours of clinic service:

Governing body	453
Medical director	25
Administrator	30
Medical department head	4
Non-medical department supervisor	0
Individual physician	11
Other	18

e. Establish a new cost finding system for the clinic:

Governing body	197
Medical director	20
Administrator	313
Medical department head	0
Non-medical department supervisor	0
Individual physician	0
Other	11

f. Redecorate and refurnish the clinic waiting room:

Governing body	335
Medical director	20

TABLE PA-3 (CONTINUED--3 OF 14)

1. f. (Continued)

Administrator	180
Medical department head	2
Non-medical department supervisor	1
Individual physician.	4
Other	10

g. Business insurance decisions for the group (e.g., liability insurance not fringe benefits):

Governing body.	338
Medical director.	20
Administrator	174
Medical department head	1
Non-medical department supervisor	0
Individual physician.	3
Other	11

h. Termination of a non-physician professional person:

Governing body.	172
Medical director.	28
Administrator	321
Medical department head	14
Non-medical department supervisor	2
Individual physician.	4
Other	8

TABLE PA-3 (CONTINUED--4 OF 14)

1. (Continued)
   i. Approval of a feasibility study on a partial pre-paid medical program in the group:

Governing body.	428
Medical director.	19
Administrator	59
Medical department head	0
Non-medical department supervisor	0
Individual physician.	2
Other	16

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   j. Routine work assignment scheduling for clerical personnel in business office:

Governing body.	13
Medical director.	4
Administrator	442
Medical department head	1
Non-medical department supervisor	84
Individual physician.	0
Other	11

****

2. Persons who participate in decision
   a. Initiate a new patient education program for diabetics:
      (1) Governing body:

No.	498
Yes	88

TABLE PA-3 (CONTINUED--5 OF 14)

2. a. (Continued)
(2) Medical director:

No.	445
Yes	138

(3) Administrator:

No.	286
Yes	297

(4) Medical department head:

No.	413
Yes	170

(5) Non-medical department supervisor:

No.	528
Yes	55

(6) Individual physician:

No.	317
Yes	266

(7) Other:

No.	565
Yes	18

b. Setting the fee schedules for the clinic:
(1) Governing body:

No.	517
Yes	65

TABLE PA-3 (CONTINUED--6 OF 14)

2. b. (Continued)

(2) Medical director:

No.	438
Yes	145

(3) Administrator:

No.	136
Yes	447

(4) Medical department head:

No.	466
Yes	117

(5) Non-medical department supervisor:

No.	547
Yes	36

(6) Individual physician:

No.	351
Yes	232

(7) Other:

No.	558
Yes	25

c. Change in the level of remuneration for an individual physician member (participating):

(1) Governing body:

No.	551
Yes	32

TABLE PA-3 (CONTINUED--7 OF 14)

2. c. (Continued) (2) Medical director:	No.	343
	Yes	140
(3) Administrator:	No.	235
	Yes	348
(4) Medical department head:	No.	518
	Yes	65
(5) Non-medical department supervisor:	No.	582
	Yes	1
(6) Individual physician:	No.	408
	Yes	175
(7) Other:	No.	559
	Yes	24
d. Change in the hours of clinic service: (1) Governing body:	No.	533
	Yes	49

TABLE PA-3 (CONTINUED--8 OF 14)

2. d. (Continued)
(2) Medical director:

	No.	430
	Yes	152

(3) Administrator:

	No.	136
	Yes	447

(4) Medical department head:

	No.	475
	Yes	107

(5) Non-medical department supervisor:

	No.	510
	Yes	72

(6) Individual physician:

	No.	375
	Yes	207

(7) Other:

	No.	568
	Yes	15

e. Establish a new cost finding system for the clinic:
(1) Governing body:

	No.	445
	Yes	138

TABLE PA-3 (CONTINUED--9 OF 14)

2. e. (Continued)

(2) Medical director:		
	No.	502
	Yes	81
(3) Administrator:		
	No.	366
	Yes	217
(4) Medical department head:		
	No.	538
	Yes	45
(5) Non-medical department supervisor:		
	No.	509
	Yes	74
(6) Individual physician:		
	No.	518
	Yes	65
(7) Other:		
	No.	554
	Yes	29

f. Redecorate and refurnish the clinic waiting area:

(1) Governing body:		
	No.	486
	Yes	97

TABLE PA-3 (CONTINUED--10 OF 14)

2. f. (Continued)
(2) Medical director:

No.	507
Yes	76

(3) Administrator:

No.	234
Yes	349

(4) Medical department head:

No.	528
Yes	55

(5) Non-medical department supervisor:

No.	513
Yes	70

(6) Individual physician:

No.	476
Yes	107

(7) Other:

No.	557
Yes	26

g. Business insurance decisions for the group (e.g., liability insurance, not fringe benefits):
(1) Governing body:

No.	471
Yes	112

TABLE PA-3 (CONTINUED--11 OF 14)

2. g. (Continued)
(2) Medical director:

No.	486
Yes	97

(3) Administrator:

No.	252
Yes	331

(4) Medical department head:

No.	563
Yes	20

(5) Non-medical department supervisor:

No.	574
Yes	9

(6) Individual physician:

No.	498
Yes	85

(7) Other:

No.	558
Yes	25

h. Termination of a non-physician professional person:
(1) Governing body:

No.	474
Yes	109

TABLE PA-3 (CONTINUED--12 OF 14)

2. h. (Continued)

(2) Medical director:

No.	488
Yes	95

(3) Administrator:

No.	406
Yes	187

(4) Medical department head:

No.	503
Yes	80

(5) Non-medical department supervisor:

No.	491
Yes	92

(6) Individual physician:

No.	436
Yes	147

(7) Other:

No.	566
Yes	17

i. Approval of a feasibility study on a partial pre-paid medical program in the group:

(1) Governing body:

No.	526
Yes	57

TABLE PA-3 (CONTINUED--13 OF 14)

2. 1. (Continued)

(2) Medical director:

No.	447
Yes	136

(3) Administrator:

No.	172
Yes	411

(4) Medical department head:

No.	522
Yes	61

(5) Non-medical department supervisor:

No.	558
Yes	25

(6) Individual physician:

No.	472
Yes	111

(7) Other:

No.	558
Yes	25

TABLE PA-3 (CONTINUED--14 OF 14)

2. (Continued)
   j. Routine work assignment scheduling for clerical personnel in business office:
      (1) Governing body:

No.	562
Yes	21

(2) Medical director:

No.	561
Yes	22

(3) Administrator:

No.	503
Yes	80

(4) Medical department head:

No.	570
Yes	13

(5) Non-medical department head:

No.	435
Yes	148

(6) Individual physician:

No.	559
Yes	24

(7) Other:

No.	566
Yes	17

TABLE PA-4

Frequency Distribution of Professional Administrators' Responses to Critical Tasks

Included in the survey questionnaire was the Critical Tasks Section. In this section, the professional administrator listed the five most important tasks that he performed as a medical group administrator. Later, these tasks were content analyzed using a functional task analysis adapted from procedures developed by Fine (1955, 1965, 1971). The frequencies of responses in each functional category are presented in Table PA-4.

TABLE PA-4

FREQUENCY DISTRIBUTION OF PROFESSIONAL ADMINISTRATORS' RESPONSES TO CRITICAL TASKS

1. First most important task
   a. Data:

(1) No significant relationship	4
(2) No significant relationship	
(3) Comparing	0
(4) Copying	0
(5) Computing	14
(6) Compiling	124
(7) Analyzing	101
(8) Coordinating.	51
(9) Synthesizing.	1

   b. People:

(1) No significant relationship	0
(2) Serving	9
(3) Speaking--Signaling	3
(4) Persuading.	15
(5) Diverting	2
(6) Supervising	120
(7) Instructing	5
(8) Negotiating	68
(9) Mentoring	3

TABLE PA-4 (CONTINUED--2 OF 5)

2. Second most important task
   a. Data:

(1) No significant relationship	0
(2) No significant relationship	
(3) Comparing	2
(4) Copying	0
(5) Computing	25
(6) Compiling	120
(7) Analyzing	89
(8) Coordinating.	26
(9) Synthesizing.	0

   b. People:

(1) No significant relationship	0
(2) Serving	7
(3) Speaking--Signaling	6
(4) Persuading.	27
(5) Diverting	6
(6) Supervising	160
(7) Instructing	5
(8) Negotiating	39
(9) Mentoring	1

TABLE PA-4 (CONTINUED--3 OF 5)

3. Third most important task
   a. Data:

(1) No significant relationship	0
(2) No significant relationship	
(3) Comparing	8
(4) Copying	0
(5) Computing	21
(6) Compiling	135
(7) Analyzing	84
(8) Coordinating.	22
(9) Synthesizing.	1

   b. People

(1) No significant relationship	0
(2) Serving	4
(3) Speaking--Signaling	9
(4) Persuading.	44
(5) Diverting	4
(6) Supervising	126
(7) Instructing	11
(8) Negotiating	30
(9) Mentoring	0

TABLE PA-4 (CONTINUED--4 OF 5)

4. Fourth most important task
   a. Data:

(1) No significant relationship	0
(2) No significant relationship	
(3) Comparing	18
(4) Copying	1
(5) Computing	25
(6) Compiling	150
(7) Analyzing	83
(8) Coordinating.	17
(9) Synthesizing.	0

   b. People:

(1) No significant relationship	0
(2) Serving	4
(3) Speaking--Signaling	19
(4) Persuading.	52
(5) Diverting	10
(6) Supervising	65
(7) Instructing	8
(8) Negotiating	29
(9) Mentoring	1

TABLE PA-4 (CONTINUED--5 OF 5)

5. Fifth most important task
   a. Data:

(1) No significant relationship	0
(2) No significant relationship	
(3) Comparing	28
(4) Copying	3
(5) Computing	14
(6) Compiling	95
(7) Analyzing	77
(8) Coordinating.	10
(9) Synthesizing.	3

----

b. People:

(1) No significant relationship	0
(2) Serving	11
(3) Speaking--Signaling	19
(4) Persuading.	60
(5) Diverting	7
(6) Supervising	47
(7) Instructing	6
(8) Negotiating	33
(9) Mentoring	4

TABLE PA-5

Percentage of Professional Administrators' Responses By Size and Payment Mechanism--Organizational and Biographical Data

Part of the survey questionnaire included biographical and organizational questions. The Professional Administrators' answers to these questions were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service. Table PA-5 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each response category. For each response category, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups.

For example, 2% of professional administrators from small, prepaid groups were born between 1906 and 1910 (1a); 17% of professional administrators from large fee for service groups were born between 1916 and 1920 (1a).

TABLE PA-5

PERCENTAGE OF PROFESSIONAL ADMINISTRATORS' RESPONSES BY SIZE AND PAYMENT MECHANISM--ORGANIZATIONAL AND BIOGRAPHICAL DATA

	Small	Medium	Large
Percentage of respondents			
Lay administrator only	57 62	39 38	53 28
Medical director only.	2 1	0 0	0 0
Governing body chairperson only.	2 0	0 0	0 0
Lay administrator and medical director	6 5	15 6	11 4
Lay administrator and governing body chairperson	26 26	19 45	16 48
Medical director and governing body chairperson.	0 0	0 0	0 0
Lay administrator, medical director, and governing body chairperson	8 6	27 12	21 20

****

I. Biographical
  1. Birth and sex
    a. Year born:

	Small	Medium	Large
1906--1910	2 1	0 1	0 0
1911--1915	4 5	0 10	0 4
1916--1920	20 8	20 16	21 17
1921--1925	9 14	36 12	11 8
1926--1930	7 14	8 18	16 13
1931--1935	17 15	16 18	16 8
1936--1940	13 18	12 7	21 17
1941--1945	17 14	8 18	11 21
1946--1950	11 11	0 1	5 13
1951--1955	0 1	0 0	0 0

. TABLE PA-5 (CONTINUED--2 OF 28)

	Small	Medium	Large
1. (Continued) b. Sex:			
Male .	92 86	100 94	95 100
Female	8 14	0 6	5 0
************************			
2. Educational experience a. Degree			
8th grade or less. .	0 0	4 0	0 0
9--11 years.	0 0	0 0	0 0
High school graduate	6 9	4 2	0 0
1--4 years college .	18 19	13 13	5 8
BA degree.	56 57	33 59	53 54
Graduate degree. . .	20 15	46 26	42 38
------------------------			
b. Major for BA degree:			
Accounting.	13 18	22 25	21 18
Administration of health services	0 2	4 0	0 0
Business/Public Administration. .	33 37	35 30	16 36
Creative arts	0 1	0 36	0 0
Economics	8 6	4 10	26 9
Education	5 1	0 2	0 0
Liberal arts.	10 3	4 3	0 5
Management/Marketing.	0 6	4 6	5 5
Mathematics	3 1	0 1	0 0
Medical technology.	0 1	0 0	0 0
Physical sciences	3 4	13 8	11 9

TABLE PA-5 (CONTINUED--3 OF 28)

	Small	Medium	Large
2. b. (Continued)			
Political science	3	9	11
	2	1	5
Psychology.	8	4	5
	2	5	9
Social sciences	6	0	0
	3	1	0
Other	10	0	5
	16	8	5
c. Major for graduate degree:			
Accounting/Economics	9	15	13
	7	12	0
Business administration. . . .	18	23	0
	46	23	20
Health services administration	36	46	63
	22	50	60
Law.	9	0	0
	5	4	0
Physical sciences.	0	0	0
	0	0	0
Social sciences.	18	0	13
	2	4	0
Other.	9	15	13
	17	8	20
d. Year last degree received:			
1913	0	0	0
	1	0	0
⋮			
1926--1930	0	0	0
	1	0	0
1931--1935	3	0	0
	1	2	0
1936--1940	3	5	5
	4	11	5
1941--1945	3	5	0
	6	5	0
1946--1950	11	14	32
	13	17	0
1951--1955	8	29	16
	9	17	19
1956--1960	17	10	16
	16	11	5

TABLE PA-5 (CONTINUED--4 OF 28)

2. d. (Continued)

	Small	Medium	Large
1961--1965	17	10	11
	17	16	38
1966--1970	25	14	5
	18	10	4
1971--1975	14	14	16
	16	12	19

****

3. Presently working on additional degree:

	Small	Medium	Large
No.	94	96	84
	90	95	96
Yes	6	4	16
	10	5	4

----

a. Degree for which presently working:

	Small	Medium	Large
BA degree . . .	0	0	0
	46	0	0
Graduate degree	100	100	100
	54	100	100

----

b. Major area of current work:

	Small	Medium	Large
Accounting.	0	0	0
	12	20	0
Administration of health services	0	0	0
	8	20	100
Business/public administration. .	0	100	33
	62	40	0
Education	0	0	0
	4	20	0
Management/Marketing.	0	0	67
	0	0	0
Social sciences	100	0	0
	0	0	0

****

4. Continuing professional educational seminars attended last four years:

	Small	Medium	Large
0 .	19	12	5
	16	10	12
1--2.	21	12	5
	23	17	8
3--4.	25	23	47
	30	33	32
5--6.	21	27	21
	10	17	12

TABLE PA-5 (CONTINUED--5 OF 28)

		Small	Medium	Large
4. (Continued)				
	7--8.	4	4	11
		11	13	16
	9--10	2	4	5
		5	2	4
	11--12	4	12	5
		1	4	12
	13--14	2	8	0
		1	1	0
	15--16	2	0	0
		2	1	0
	17--18	0	0	0
		0	1	0
	19--20	0	0	0
	.	1	1	4
	.			
	.			
	25	0	0	0
		0	1	0
************************				
5. Past professional work experience a. Number of jobs/titles in health care field:				
	0	0	0	0
		1	0	0
	1	40	35	26
		48	45	44
	2	25	31	32
		30	29	8
	3	23	23	21
		15	14	32
	4	10	8	16
		5	12	12
	5	0	4	5
		1	0	4
	6	2	0	0
		0	0	0
------------------------				
b. Total years in health care field:				
	0	2	0	0
		1	0	0
	1--5.	44	19	21
		37	23	24
	6--10	15	15	21
		25	24	36

TABLE PA-5 (CONTINUED--6 OF 28)

5. b. (Continued)

	Small	Medium	Large
11--15	10	12	21
	13	19	24
16--20	12	12	16
	11	14	4
21--25	8	19	16
	8	11	8
26--30	8	23	5
	5	9	4
31--35	2	0	0
	2	2	0
36--40	0	0	0
	0	0	0
41--45	0	0	0
	0	0	0

----

c. Number of jobs/titles in service field:

0	44	60	74
	49	42	71
1	37	28	16
	34	34	25
2	14	4	5
	13	18	0
3	4	8	5
	4	5	4
4	2	0	0
	0	1	0

----

d. Total years in service field:

0	44	60	74
	49	41	71
1--5.	35	24	21
	26	26	25
6--10	10	8	0
	14	19	4
11--15	4	8	0
	5	9	0
16--20	4	0	5
	5	3	0
21--25	2	0	0
	1	2	0

TABLE PA-5 (CONTINUED--7 OF 28)

5. d. (Continued)

	Small	Medium	Large
26--30	0	0	0
	0	1	0
.			
.			
.			
39	2	0	0
	0	0	0

----

e. Number of jobs/titles in manufacturing/retail field:

	Small	Medium	Large
0	72	72	58
	69	69	63
1	24	20	21
	21	19	33
2	4	8	11
	8	7	4
3	0	0	11
	2	4	0
4	0	0	0
	0	1	0

----

f. Total years in manufacturing/retail field:

	Small	Medium	Large
0	72	72	58
	69	69	63
1--5.	16	16	16
	15	17	21
6--10	10	8	16
	6	6	8
11--15	0	4	5
	6	3	8
16--20	2	0	0
	1	2	0
21--25	0	0	5
	2	3	0
26--30	0	0	0
	1	0	0
31--35	0	0	0
	0	0	0
36--40	0	0	0
	0	1	0

TABLE PA-5 (CONTINUED--8 OF 28)

5. (Continued)

g. Number of jobs/titles in government:

	Small	Medium	Large
0	84	76	84
	79	77	75
1	14	24	11
	19	20	25
2	2	0	5
	2	2	0
3	0	0	0
	0	1	0

----

h. Total years in government:

	Small	Medium	Large
0	82	76	84
	78	78	75
1--3.	10	4	5
	8	9	0
4--6.	2	16	11
	7	11	21
7--9.	2	4	0
	1	1	0
10--12	0	0	0
	1	1	0
13--15	0	0	0
	1	0	0
16--18	2	0	0
	0	0	0
19--21	0	0	0
	1	0	0
22--24	0	0	0
	1	0	4
25--27	2	0	0
	0	1	0
28--30	0	0	0
	1	0	0

----

i. Number of years out of school until first full-time clinic administration job:

	Small	Medium	Large
0	35	26	33
	34	27	30
1--5.	30	22	17
	22	23	39
6--10	16	35	28
	18	23	22
11--15	12	9	6
	12	10	0

TABLE PA-5 (CONTINUED--9 OF 28)

	Small	Medium	Large
5. I. (Continued)			
16--20	0	0	11
	8	7	4
21--25	5	9	6
	4	4	0
26--30	0	0	0
	0	3	4
31--35	0	0	0
	1	2	0
36--40	2	0	0
	0	1	0

****

II. Organizational Information

6. Governing body of organization:

	Small	Medium	Large
Association	2	0	0
	0	0	0
Board of directors/trustees/regents	66	58	53
	59	52	64
Executive/management committee. . .	8	27	37
	10	33	24
Foundation.	0	0	0
	0	0	0
Founder/sole proprietorship	0	0	0
	1	0	0
Partnership	8	12	5
	19	9	0
Stockholders.	6	0	0
	2	0	0
Other	10	4	5
	9	7	12

****

7. Authority and duties of lay administrator defined in written statement:

	Small	Medium	Large
No.	73	69	58
	78	70	64
Yes	28	31	42
	23	30	36

****

8. Hours in a typical week spent as group practice administrator:

	Small	Medium	Large
0	0	0	0
	0	0	0
1--10	4	12	0
	9	0	0
11--20	2	0	10
	1	0	4

TABLE PA-5 (CONTINUED--10 OF 28)

8. (Continued)

	Small	Medium	Large
21--30	4 2	0 2	0 4
31--40	21 27	8 9	0 0
41--50	54 58	62 66	60 58
51--60	15 11	19 21	25 33
61--70	0 1	0 2	5 0
71--80	0 0	0 0	0 0

****

9. Lay administrator reports to:

Administrative director . .	2 1	0 0	0 12
All physicians.	2 6	4 0	0 8
Board of directors/regents.	26 27	24 21	25 16
Chairman/president.	43 30	32 53	40 40
Founder/sole proprietorship	0 0	0 0	0 0
Medical director.	14 7	20 7	15 4
Partners.	4 11	0 2	0 4
Other	10 18	20 17	20 16

****

10. Fiscal responsibility for group
a. Capital expenditures:

Administrator	19 11	12 5	20 20
Administrator and governing body.	33 34	39 38	20 40
Administrator and governing body and other.	2 1	8 4	0 8
Administrator and medical director.	4 4	4 3	0 0
Administrator and medical director and governing body	12 4	4 6	15 4

TABLE PA-5 (CONTINUED--11 OF 28)

	Small	Medium	Large
10. a. (Continued)			
Administrator and medical director and governing body and other	0 0	0 1	0 0
Administrator and medical director and other	0 0	0 0	15 0
Administrator and other	2 4	0 3	0 0
Governing body	23 36	27 33	15 16
Governing body and other	0 1	0 4	10 4
Medical director	2 1	4 2	5 0
Medical director and governing body	4 1	4 0	0 0
Medical director and governing body and other	0 0	0 0	0 0
Medical director and other	0 0	0 0	0 0
Other	0 2	0 2	0 8

	Small	Medium	Large
b. Supplies or recurring items:			
Administrator	78 89	85 85	79 88
Administrator and governing body	10 2	4 5	0 4
Administrator and governing body and other	0 1	4 0	0 0
Administrator and medical director	0 3	4 4	5 0
Administrator and medical director and governing body	4 0	0 0	0 0
Administrator and medical director and governing body and other	0 0	0 0	0 0
Administrator and medical director and other	0 0	0 0	5 0
Administrator and other	2 3	4 2	5 0
Governing body	4 0	0 0	0 0
Governing body and other	0 0	0 0	5 4

TABLE PA-5 (CONTINUED--12 OF 28)

10. b. (Continued)

	Small	Medium	Large
Medical director	2 0	0 0	0 0
Medical director and governing body	0 0	0 0	0 0
Medical director and governing body and other	0 0	0 0	0 0
Medical director and other	0 0	0 0	0 0
Other	0 2	0 4	0 4

****

11. Lay administrator's involvement in personal business affairs of physicians:

	Small	Medium	Large
Never	9 8	4 7	5 4
Seldom	47 41	54 55	35 48
Often	23 30	29 25	35 36
A great deal	21 22	13 13	25 12

****

12. Scheduled hours of service provided by the group practice
    a. Full service hours on Monday--Friday:

	Small	Medium	Large
0	0 1	4 1	0 0
1--3.	0 0	0 1	0 0
4--6.	0 1	0 1	0 0
7--9.	74 77	69 65	70 72
10--12	17 19	27 29	20 28
13--15	6 2	0 3	5 0
16--18	0 0	0 0	0 0
19--21	0 0	0 0	0 0
22--24	4 0	0 0	5 0

TABLE PA-5 (CONTINUED--13 OF 28)

12. (Continued)
b. Full service hours on Saturday:

	Small	Medium	Large
0	45	35	35
	53	35	56
1--3.	17	12	20
	14	9	12
4--6.	23	46	40
	27	45	28
7--9.	9	8	0
	5	8	4
10--12	0	0	0
	0	4	0
13--15	2	0	0
	0	0	0
16--18	0	0	0
	0	0	0
19--21	0	0	0
	0	0	0
22--24	4	0	5
	0	0	0

----

c. Full service hours on Sunday:

	Small	Medium	Large
0	94	100	90
	97	100	100
1--3.	2	0	0
	1	0	0
4--6.	0	0	5
	1	0	0
7--9.	0	0	0
	0	0	0
10--12	0	0	0
	0	0	0
13--15	0	0	0
	0	0	0
16--18	0	0	0
	0	0	0
19--21	0	0	0
	0	0	0
22--24	4	0	5
	0	0	0

TABLE PA-5 (CONTINUED--14 OF 28)

12. (Continued)
d. Limited service hours on Monday--Friday:

	Small	Medium	Large
0	91 78	54 70	50 64
1--3.	4 7	15 11	5 8
4--6.	2 2	4 6	10 8
7--9.	0 1	0 0	0 0
10--12	0 2	8 3	15 0
13--15	2 8	12 9	15 16
16--18	2 3	4 1	5 4
19--21	0 0	0 0	0 0
22--24	0 0	4 0	0 0

----

e. Limited service hours on Saturday:

0	79 73	54 71	25 60
1--3.	9 9	0 5	5 0
4--6.	6 6	23 9	15 20
7--9.	2 2	0 2	5 4
10--12	0 1	0 3	20 0
13--15	0 0	0 2	0 4
16--18	2 1	4 2	5 0
19--21	0 3	12 5	20 4
22--24	2 3	8 2	5 8

TABLE PA-5 (CONTINUED--15 OF 28)

12. (Continued)
f. Limited service hours on Sunday:

	Small	Medium	Large
0	93	73	55
	86	80	76
1--3.	2	0	0
	2	3	4
4--6.	0	4	5
	1	5	0
7--9.	2	0	0
	1	1	4
10--12	0	0	5
	0	1	4
13--15	0	0	5
	0	1	0
16--18	0	0	5
	0	0	0
19--21	0	0	0
	0	0	0
22--24	2	23	25
	9	10	12

****

13. Normal staffing level in terms of full-time equivalents
a. Physicians
(1) Physician members
(i) Total positions:

	Small	Medium	Large
0	19	12	15
	9	6	16
1--10	60	8	0
	77	7	0
11--20	21	31	0
	14	48	12
21--30	0	42	5
	0	29	12
31--40	0	8	20
	0	11	20
41--50	0	0	25
	0	0	16
51--60	0	0	15
	0	0	8
61--70	0	0	5
	0	0	4
71--80	0	0	5
	0	0	8
81--90	0	0	0
	0	0	4

TABLE PA-5 (CONTINUED--16 OF 28)

13. a. (1) (i) (Continued)

	Small	Medium	Large
91--100	0	0	0
	0	0	0
101--110	0	0	0
	0	0	0
111--120	0	0	5
.	0	0	0
.			
.			
250	0	0	0
	0	0	0

(ii) Filled positions:

	Small	Medium	Large
0	19	12	20
	10	7	16
1--10.	66	8	0
	77	10	4
11--20.	15	31	0
	13	49	8
21--30.	0	42	5
	0	25	12
31--40.	0	8	20
	0	9	28
41--50.	0	0	20
	0	0	12
51--60.	0	0	15
	0	0	8
61--70.	0	0	5
	0	0	4
71--80.	0	0	5
	0	0	4
81--90.	0	0	5
	0	0	4
91--100	0	0	0
	0	0	0
101--110	0	0	5
.	0	0	0
.			
.			
250	0	0	0
	0	0	0

TABLE PA-5 (CONTINUED--17 OF 28)

13. a. (1) (Continued)
(iii) Vacant positions:

	Small	Medium	Large
0	87	96	80
	85	75	76
1--10	13	4	15
	15	24	16
11--20	0	0	5
	0	2	4
21--30	0	0	0
	0	0	4

----

(2) Physician employees
(i) Total positions:

	Small	Medium	Large
0	40	12	25
	42	16	16
1--10.	57	65	30
	57	65	28
11--20.	4	15	5
	1	16	12
21--30.	0	0	5
	0	3	12
31--40.	0	8	10
	0	1	4
41--50.	0	0	15
	0	0	12
51--60.	0	0	5
	0	0	4
61--70.	0	0	0
	0	0	4
71--80.	0	0	0
	0	0	0
81--90.	0	0	0
	0	0	0
91--100	0	0	5
.	0	0	0
.			
.			
130	0	0	0
.	0	0	4
.			
.			
167	0	0	0
	0	0	4

TABLE PA-5 (CONTINUED--18 OF 28)

13. a. (2) (Continued)
(ii) Filled positions:

	Small	Medium	Large
0	42	12	30
	130	17	16
1--10.	55	68	25
	55	66	32
11--20.	4	12	10
	1	15	8
21--30.	0	0	0
	0	2	16
31--40.	0	8	10
	0	1	0
41--50.	0	0	15
	0	0	12
51--60.	0	0	5
	0	0	4
61--70.	0	0	0
	0	0	4
71--80.	0	0	0
	0	0	0
81--90.	0	0	0
	0	0	0
91--100	0	0	5
	0	0	0
⋮			
123	0	0	0
	0	0	4
⋮			
167	0	0	0
	0	0	4

(iii) Vacant positions:

	Small	Medium	Large
0	94	84	85
	81	81	76
1	4	12	0
	6	6	4
2	0	0	0
	6	6	4
3	0	0	0
	6	6	0
4	0	4	0
	1	1	4
5	0	0	0
	1	1	0
7	0	0	5
	0	0	4

TABLE PA-5 (CONTINUED--19 OF 28)

13. a. (2) (iii) (Continued)

	Small	Medium	Large
10	0	0	5
	0	0	4
14	0	0	0
	0	0	4
15	0	0	5
	0	0	0
16	2	0	0
	0	0	0

b. Non-physician employees
(i) Total positions:

	Small	Medium	Large
0	0	0	0
	1	2	0
1--50.	90	23	20
	94	26	14
51--100	6	46	0
	5	51	14
101--150	2	19	20
	0	17	27
151--200	0	12	15
	0	5	23
201--250	0	0	5
	0	0	5
251--300	0	0	15
	0	0	0
301--350	0	0	0
	0	0	0
351--400	0	0	10
	0	0	0
401--450	2	0	5
	0	0	5
451--500	0	0	5
	0	0	0
501--550	0	0	0
	0	0	0
551--600	0	0	0
	0	0	9
⋮			
825	0	0	2
	0	0	2
⋮			
1150	0	0	2
	0	0	2
⋮			
1498	0	0	2
	0	0	2

TABLE PA-5 (CONTINUED--20 OF 28)

13. b. (2) (Continued)

(ii) Filled positions:

	Small	Medium	Large
0	0	0	5
	1	2	0
1--50.	90	23	20
	95	29	18
51--100	6	46	0
	5	48	9
101--150	2	19	15
	0	17	27
151--200	0	12	15
	0	5	23
201--250	0	0	5
	0	0	5
251--300	0	0	15
	0	0	0
301--350	0	0	0
	0	0	0
351--400	0	0	10
	0	0	5
401--450	2	0	5
	0	0	0
451--500	0	0	5
	0	0	0
501--550	0	0	0
	0	0	0
551--600	0	0	0
	0	0	9
⋮			
820	0	0	2
	0	0	2
⋮			
1148	0	0	2
	0	0	2
⋮			
1420	0	0	2
	0	0	2

(iii) Vacant positions:

	Small	Medium	Large
0	89	92	80
	93	86	68
1	4	0	0
	5	6	0
2	6	4	5
	2	3	5
3	0	4	0
	0	1	0

TABLE PA-5 (CONTINUED--21 OF 28)

	Small	Medium	Large
13. b. (2) (iii) (Continued)			
4	0	0	0
	0	3	0
5	0	0	0
	0	0	9
6	0	0	0
	0	0	5
8	0	0	5
	0	0	0
10	0	0	0
	0	0	5
14	0	0	5
	0	0	0
15	0	0	0
	0	1	0
17	0	0	0
	0	1	0
18	0	0	0
	0	0	0
22	0	0	0
	0	0	5
28	2	0	0
	0	0	0
45	0	0	0
	0	0	5
78	0	0	5
	0	0	0
*************************			
14. Growth of group:			
Decreasing	6	0	0
	2	2	0
Stable . .	38	27	10
	39	19	8
Growing. .	57	73	90
	59	80	92
*************************			
15. Annual gross operating revenue (in thousands of dollars) generated by clinic medical staff:			
0--1,000.	50	8	0
	54	4	4
1,001--2,000.	40	16	11
	42	26	8
2,001--3,000.	10	12	5
	4	34	8

TABLE PA-5 (CONTINUED--22 OF 28)

15. (Continued)

	Small	Medium	Large
3,001--4,000.	0 0	40 22	5 8
4,001--5,000.	0 0	8 6	11 12
5,001--6,000.	0 0	16 6	26 20
6,001--7,000.	0 0	0 0	11 16
7,001--8,000.	0 0	0 1	5 0
8,001--9,000.	0 0	0 1	5 4
9,001--10,000	0 0	0 0	11 8
10,000+	0 0	0 0	11 72

****

16. Percentage of gross operating revenue from prepayment:

	Small	Medium	Large
0	0 100	0 100	0 100
1--10.	43 0	54 0	55 0
11--20.	6 0	8 0	10 0
21--30.	15 0	4 0	0 0
31--40.	4 0	0 0	5 0
41--50.	8 0	0 0	10 0
51--60.	4 0	4 0	5 0
61--70.	4 0	0 0	0 0
71--80.	9 0	8 0	0 0
81--90.	8 0	4 0	0 0
91--100	0 0	19 0	15 0

****

TABLE PA-5 (CONTINUED--23 OF 28)

17. Average number of patients seen per day by all physicians in your group:

	Small	Medium	Large
0	0 0	0 0	0 0
1--100	38 36	8 8	6 4
101--200	35 41	17 8	6 16
201--300	21 18	13 25	0 4
301--400	4 4	17 32	6 24
401--500	2 1	21 17	12 12
501--600	0 1	13 7	18 16
601--700	0 0	4 2	12 8
701--800	0 0	4 1	12 8
801--900	0 0	4 1	6 4
901--1000	0 0	0 1	12 4
1001+	0 0	0 0	12 0

****

18. Presence of clinic offices or satellites in other than the main clinic location
    a. Number of clinic satellites:

	Small	Medium	Large
0	74 77	69 74	37 80
1	19 16	8 18	16 8
2	6 5	8 3	32 8
3	2 1	8 3	16 4
4	0 1	0 2	0 0
5	0 0	8 1	0 0
10	0 0	0 1	0 0

TABLE PA-5 (CONTINUED--24 OF 28)

18. (Continued)
    b. Average distance of satellites from clinic (miles):

	Small	Medium	Large
1--5.	23	25	9
	25	31	0
6--10	8	13	46
	13	28	50
11--15	46	0	18
	35	9	25
16--20	8	25	9
	10	3	0
21--25	0	25	0
	7	6	0
26--30	8	0	0
	3	9	0
31--35	0	0	9
	0	3	0
36--40	0	0	0
	5	3	0
41--45	0	13	0
	2	0	0
46--50	0	0	9
	0	0	0
50+	8	0	0
	0	6	25

****

19. Standing clinical and management committees
    a. Standing clinical committees
        (1) Clinical Utilization:

	Small	Medium	Large
No.	100	96	84
	99	97	84
Yes	0	4	16
	1	3	16

        (2) Educational:

	Small	Medium	Large
No.	93	89	53
	93	85	68
Yes	8	12	47
	7	15	32

        (3) Fee:

	Small	Medium	Large
No.	98	92	95
	98	97	88
Yes	2	8	5
	2	3	12

TABLE PA-5 (CONTINUED--25 OF 28)

19. a. (Continued)		Small	Medium	Large
(4) Medical information:				
	No.	94	100	65
		97	93	92
	Yes	6	0	35
		3	7	8
------------------------				
(5) Medical policy:				
	No.	96	65	74
		97	91	92
	Yes	4	35	26
		3	9	8
------------------------				
(6) Medical records:				
	No.	89	81	63
		96	81	56
	Yes	11	19	37
		4	19	44
------------------------				
(7) Review of professional performance:				
	No.	83	58	25
		93	74	64
	Yes	17	42	75
		7	26	36
------------------------				
(8) Review of special performance:				
	No.	96	77	68
		97	95	84
	Yes	4	23	32
		3	5	16
------------------------				
(9) Scientific:				
	No.	98	92	79
		99	98	92
	Yes	2	8	21
		1	2	8
------------------------				
(10) Specialty:				
	No.	98	88	95
		97	95	92
	Yes	2	12	5
		3	5	8

TABLE PA-5 (CONTINUED--26 OF 28)

19. a. (Continued)

(11) Supporting services facilities:

	Small	Medium	Large
No.	94 90	73 71	70 76
Yes	6 10	27 29	30 24

(12) Other:

	Small	Medium	Large
0	85 88	85 86	35 80
1	9 9	12 12	30 8
2	4 2	0 2	15 0
3	2 1	0 0	10 0
5	0 0	4 0	0 0
7	0 0	0 0	5 0
8	0 0	0 0	5 0

b. Standing management committees

(1) Community relations:

	Small	Medium	Large
No.	98 98	96 99	95 96
Yes	2 2	4 1	5 4

(2) Compensation, benefits, and insurance:

	Small	Medium	Large
No.	91 88	65 65	55 72
Yes	9 12	35 35	45 28

(3) Coordination and liaison:

	Small	Medium	Large
No.	96 100	100 98	95 92
Yes	4 0	0 2	5 8

TABLE PA-5 (CONTINUED--27 OF 28)

		Small	Medium	Large
19. b. (Continued)				
(4) Current facilities and maintenance:				
	No.	94	88	89
		94	81	80
	Yes	6	12	11
		6	19	20
(5) Equipment:				
	No.	98	96	100
		98	99	96
	Yes	2	4	0
		2	1	4
(6) Executive/governing:				
	No.	60	42	53
		67	45	60
	Yes	40	58	47
		33	55	40
(7) Fiscal:				
	No.	96	77	60
		91	67	64
	Yes	4	23	40
		9	33	36
(8) Personnel management:				
	No.	87	88	79
		94	81	80
	Yes	13	12	21
		6	19	20
(9) Planning:				
	No.	92	81	63
		95	72	72
	Yes	8	19	37
		5	28	28
(10) Satellite:				
	No.	98	100	84
		99	98	96
	Yes	2	0	16
		1	2	4

TABLE PA-5 (CONTINUED--28 OF 28)

		Small	Medium	Large
19. b. (Continued) (11) Selection/recruitment:				
	No.	96 94	81 74	79 80
	Yes	4 6	19 26	21 20
(12) Other:				
	0	92 92	81 82	40 50
	1	4 7	15 12	15 25
	2	4 1	4 5	15 21
	3	0 0	0 1	20 4
	4	0 0	0 0	10 0

TABLE PA-6

Percentage of Professional Administrators' Responses by Size and Payment Mechanism--Task Performance (Column 1 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. For each task, the professional administrators responded as to whether the task was performed in their medical groups. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the Professional Administrators' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

Table PA-6 presents the cross tabulation by size in the three major columns and payment mechanism in two rows for each task. For each task, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups.

For example, 91% of professional administrators from small prepaid groups indicated that the task to establish/approve criteria for quality care (10a) was performed in their medical groups; 12% of professional administrators from large fee for service groups indicated that this task (10a) was not performed in their medical groups.

TABLE PA-6

PERCENTAGE OF PROFESSIONAL ADMINISTRATORS' RESPONSES BY SIZE AND PAYMENT MECHANISM--TASK PERFORMANCE (COLUMN 1 OF STANDARD LIST)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:						
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	34	66	23	77	15	85
	47	53	43	57	12	88
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	17	83	8	92	5	95
	16	84	13	87	4	96
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	19	81	15	85	15	85
	34	66	31	69	32	68
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:						
a. New medical equipment and procedures.	4	96	0	100	0	100
	3	97	3	97	4	96
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	4	96	0	100	0	100
	2	98	2	98	4	96
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	4	96	8	92	0	100
	9	91	10	90	4	96
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	2	98	4	96	0	100
	2	98	0	100	0	100
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	9	91	0	100	5	95
	14	86	11	89	4	96

TABLE PA-6 (CONTINUED--2 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	4	96	0	100	0	100
	2	98	3	97	0	100
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.	17	83	4	96	10	90
	20	80	24	76	24	76
6. Establish/approve the need to replace existing or purchase additional medical equipment.	2	98	0	100	0	100
	2	98	1	99	4	96
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	4	96	0	100	0	100
	2	98	0	100	0	100
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	4	96	4	96	0	100
	2	98	0	100	0	100
9. Approve purchases of equipment or services costing in excess of $1,000.	0	100	4	96	0	100
	2	98	0	100	4	96
10. Establish/approve:						
a. Criteria for quality care.	9	91	4	96	0	100
	15	85	19	81	12	88
b. Policies governing your group's organizational structure and type.	2	98	0	100	5	95
	6	94	4	96	0	100
c. Policies governing the number and kind of patients that your group will serve.	26	74	19	81	20	80
	24	76	24	76	16	84
d. Policies governing the growth or reduction in the number of physicians in your group.	6	94	0	100	5	95
	8	92	7	93	0	100
e. Policies governing the growth or reduction in the number of administrators in your group.	36	64	15	85	0	100
	38	62	24	76	4	96

TABLE PA-6 (CONTINUED--3 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
10. Continued.						
f. Policies governing the specialty mix of your group's physicians.	17	83	8	92	0	100
	27	73	11	89	1	99
g. Financial policies.	2	98	0	100	0	100
	1	99	2	98	0	100
h. Accounting policies	4	96	0	100	0	100
	0	100	1	99	0	100
i. Physician personnel policies	6	94	4	96	0	100
	8	92	4	96	4	96
j. Non-physician personnel policies	2	98	0	100	0	100
	1	99	2	98	0	100
11. Develop long-range master plans (e.g., facility, financial, etc.).	19	81	4	96	0	100
	20	80	12	88	4	96
12. Approve long-range master plans (e.g., facility, financial, etc.).	21	79	8	92	0	100
	21	79	9	91	8	92
13. Search and negotiate for investment capital.	38	62	31	69	10	90
	37	63	32	68	32	68
14. Approve your group's operating budget.	32	68	19	81	10	90
	32	68	26	74	12	88
15. Develop, review, and/or revise standard operating procedures for:						
a. Delivering patient care.	9	91	4	96	0	100
	18	82	18	82	4	96
b. Physician personnel administration.	11	89	12	88	0	100
	18	82	13	87	4	96
c. Non-physician personnel administration.	2	98	0	100	0	100
	3	97	2	98	0	100
d. Utilization control (non-physician).	11	89	15	85	11	89
	26	74	29	71	24	76

TABLE PA-6 (CONTINUED--4 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
15. Continued.						
e. Cost controls	4	96	0	100	0	100
	7	93	8	92	0	100
f. Billing and collecting	0	100	8	92	0	100
	0	100	1	99	0	100
g. Interacting and dealing with outside agencies	2	98	4	96	0	100
	6	94	4	96	0	100
h. Gathering, processing, and evaluating information important to your group.	2	98	4	96	0	100
	5	95	5	95	0	100
16. Approve standard operating procedures (new or revised) for:						
a. Delivering patient care	17	83	12	88	0	100
	14	86	18	82	4	96
b. Physician personnel administration	13	87	15	85	5	95
	17	83	13	87	4	96
c. Non-physician personnel administration	6	94	0	100	0	100
	2	98	2	98	0	100
d. Utilization control (non-physician)	13	87	19	81	11	89
	23	77	25	75	16	84
e. Cost controls	8	92	4	96	0	100
	7	93	7	93	4	96
f. Billing and collecting	4	96	8	92	0	100
	1	99	1	99	4	96
g. Interacting and dealing with outside agencies	8	92	0	100	0	100
	10	90	5	95	4	96
h. Gathering, processing, and evaluating information important to your group.	8	92	0	100	0	100
	6	94	7	93	4	96

TABLE PA-6 (CONTINUED--5 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
17. Enforce adherence to standard operating procedures by:						
a. Physician members (participating)	21	79	8	92	10	90
	16	84	16	84	16	84
b. Physician employees (salaried)	28	72	0	100	0	100
	20	80	10	90	4	96
c. Nurses and medical technicians	6	94	8	92	5	95
	4	96	3	97	4	96
d. Receptionists, clerks, and maintenance personnel	2	98	8	92	0	100
	1	99	1	99	0	100
e. Administrative staff	8	92	4	96	0	100
	5	95	2	98	0	100
18. Develop physician staffing plans	9	91	4	96	0	100
	20	80	10	90	4	96
19. Develop non-physician staffing plans	6	94	4	96	0	100
	13	87	6	94	0	100
20. Approve staffing plans	11	89	4	96	6	94
	13	87	8	92	4	96
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:						
a. Physician members (participating)	36	64	35	65	30	70
	39	61	44	56	32	68
b. Physician employees (salaried)	42	58	23	77	25	75
	38	62	33	67	24	76
c. Nurses and medical technicians	13	87	15	85	15	85
	12	88	8	92	12	88
d. Receptionists, clerks, and maintenance personnel	8	92	12	88	10	90
	7	93	7	93	8	92
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:						
a. Physician members (participating)	36	64	36	64	35	65
	41	59	44	56	36	64

TABLE PA-6 (CONTINUED--6 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
22. Continued.						
b. Physician employees (salaried)	40 38	60 62	28 34	72 66	30 28	70 72
c. Nurses and medical technicians	15 13	85 87	16 11	84 89	15 12	85 88
d. Receptionists, clerks, and maintenance personnel	9 9	91 91	12 9	88 91	10 8	90 92
e. Administrative staff	11 13	89 87	16 10	84 90	10 12	90 88
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:						
a. Physician members (participating)	17 9	83 91	8 13	92 87	5 24	95 76
b. Physician employees (salaried)	30 15	70 85	0 6	100 94	0 8	100 92
c. Nurses and medical technicians	8 3	92 97	8 2	92 98	5 4	95 96
d. Receptionists, clerks, and maintenance personnel	6 1	94 99	8 1	92 99	0 4	100 96
24. Approve payment plans/salary schedules and benefits (new or revised) for:						
a. Physician members (participating)	15 10	85 90	8 15	92 85	5 24	95 76
b. Physician employees (salaried)	25 15	75 85	0 8	100 92	0 8	100 92
c. Nurses and medical technicians	6 4	94 96	8 3	92 97	10 2	90 98
d. Receptionists, clerks, and maintenance personnel	2 2	98 98	4 1	96 99	0 4	100 96
e. Administrative staff	2 5	98 95	4 1	96 99	0 4	100 96

TABLE PA-6 (CONTINUED--7 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
25. Recruit the following to fill openings in your organization:						
a. Physician members (participating)	15	85	24	76	5	95
	17	83	14	86	28	72
b. Physician employees (salaried)	23	77	0	100	0	100
	14	86	3	97	8	92
c. Nurses and medical technicians	4	96	8	92	5	95
	3	97	2	98	4	96
d. Receptionists, clerks, and maintenance personnel	0	100	8	92	0	100
	0	100	1	99	4	96
26. Negotiate salary and benefit contracts with organized groups of personnel.	81	19	64	36	55	45
	79	21	84	16	84	16
27. Approve contracts with organized groups of personnel	85	15	68	32	55	45
	81	19	84	16	84	16
28. Approve appointment/hiring of:						
a. Physician members (participating)	15	85	8	92	5	95
	13	87	10	90	16	84
b. Physician employees (salaried)	21	79	0	100	0	100
	14	86	5	95	4	96
c. Nurses and medical technicians	6	94	8	92	5	95
	3	97	2	98	4	96
d. Receptionists, clerks, and maintenance personnel	2	98	4	96	0	100
	1	99	1	99	0	100
e. Administrative staff	6	94	8	92	0	100
	5	95	1	99	0	100
29. Approve end of probationary appointments for physicians	32	68	19	81	22	78
	28	72	17	83	32	68
30. Negotiate contracts with physicians who wish to join the group.	11	89	8	92	10	90
	7	93	3	97	0	100

TABLE PA-6 (CONTINUED--8 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
31. Orient and train new personnel:						
a. Physician members (participating)	28	72	27	73	10	90
	26	74	24	76	28	72
b. Physician employees (salaried)	26	74	8	92	0	100
	21	79	17	83	8	92
c. Nurses and medical technicians	8	92	8	92	5	95
	4	96	3	97	4	96
d. Receptionists, clerks, and maintenance personnel	4	96	4	96	5	95
	2	98	1	99	0	100
32. Survey the job satisfaction of:						
a. Physician members (participating)	28	72	42	58	25	75
	34	66	38	62	32	68
b. Physician employees (salaried)	30	70	27	73	20	80
	32	68	29	71	24	76
c. Nurses and medical technicians	8	92	19	81	10	90
	13	87	12	88	12	88
d. Receptionists, clerks, and maintenance personnel	8	92	15	85	5	95
	11	89	9	91	8	92
e. Administrative staff	8	92	19	81	5	95
	16	84	13	87	8	92
33. Conduct job performance evaluations for:						
a. Physician members (participating)	55	45	46	54	20	80
	59	41	56	44	60	40
b. Physician employees (salaried)	47	53	39	61	10	90
	52	48	48	52	46	54
c. Nurses and medical technicians	13	87	27	73	5	95
	21	79	16	84	16	84
d. Receptionists, clerks, and maintenance personnel	11	89	15	85	0	100
	15	85	11	89	12	88
e. Administrative staff	13	87	19	81	0	100
	22	78	15	85	12	88

TABLE PA-6 (CONTINUED--9 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
34. Approve promotions of:						
a. Physician members (participating).	51	49	42	58	30	70
	54	46	52	48	44	56
b. Physician employees (salaried)	42	58	23	77	20	80
	41	59	33	67	20	80
c. Nurses and medical technicians.	11	89	8	92	5	95
	11	89	5	95	4	96
d. Receptionists, clerks, and maintenance personnel	2	98	8	92	0	100
	5	95	2	98	0	100
e. Administrative staff.	6	94	8	92	0	100
	11	89	5	95	0	100
35. Approve dismissals and terminations of:						
a. Physician employees (salaried)	19	81	8	92	0	100
	19	81	6	94	4	96
b. Nurses and medical technicians.	13	87	8	92	5	95
	4	96	3	97	0	100
c. Receptionists, clerks, and maintenance personnel	4	96	4	96	0	100
	1	99	1	99	0	100
d. Administrative staff.	4	96	4	96	0	100
	5	95	3	97	0	100
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	26	74	19	81	5	95
	21	79	13	87	20	80
37. Interpret group policy and clarify procedures for staff and employees.	9	91	0	100	0	100
	2	98	2	98	0	100
38. Counsel, to assist with personal problems:						
a. Physician members (participating)	34	66	31	69	15	85
	35	65	28	72	40	60
b. Physician employees (salaried)	40	60	23	77	10	90
	36	64	23	77	36	64

TABLE PA-6 (CONTINUED--10 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
38. Continued.						
c. Nurses and medical technicians	15	85	12	88	15	85
	15	85	9	91	24	76
d. Receptionists, clerks, and maintenance personnel	11	89	8	92	10	90
	12	88	7	93	20	80
39. Mediate/arbitrate interpersonal problems:						
a. Among physicians	19	81	8	92	0	100
	17	83	10	90	4	96
b. Among nurses and medical technicians	17	83	8	92	5	95
	7	93	8	92	8	92
c. Among receptionists, clerks, and maintenance personnel.	8	92	4	96	0	100
	4	96	3	97	4	96
d. Among administrative staff	17	83	4	96	0	100
	15	85	7	93	4	96
e. Between physicians and nurses	11	89	4	96	0	100
	11	89	9	91	8	92
f. Between physicians and administrators	19	81	8	92	0	100
	21	79	10	90	4	96
40. Discipline:						
a. Physician members (participating)	34	66	8	92	10	90
	33	67	16	84	24	76
b. Physician employees (salaried)	36	64	4	96	5	95
	33	67	12	88	8	92
c. Nurses and medical technicians	9	91	8	92	5	95
	5	95	2	98	4	96
d. Receptionists, clerks, and maintenance personnel	8	92	4	96	0	100
	3	97	1	99	0	100
e. Administrative staff	9	91	4	96	0	100
	10	90	3	97	4	96

TABLE PA-6 (CONTINUED--11 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
41. Secure liability insurance coverage for your group and/or your physicians.	6	94	0	100	0	100
	2	98	2	98	0	100
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	40	60	27	73	10	90
	47	53	46	54	32	68
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	2	98	0	100	0	100
	[illegible]	99	0	100	0	100
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	11	89	0	100	0	100
	14	86	9	91	8	92
45. Represent the group or individual physicians in court appearance on collection cases.	30	70	35	65	25	75
	44	56	28	72	28	72
46. Represent the group or individual physicians in court appearances on malpractice litigation.	36	64	19	81	20	80
	47	53	29	71	12	88
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	68	32	85	15	60	40
	82	18	89	11	76	24
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	19	81	8	92	20	80
	28	72	19	81	20	80
49. Represent your group at health care workshops and meetings.	8	92	0	100	5	95
	9	91	7	93	0	100
50. Represent your group in civic matters and projects	15	85	0	100	10	90
	22	78	17	83	8	92
51. Participate in public health education efforts	21	79	27	73	15	85
	32	68	27	73	12	88
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.	34	66	27	73	10	90
	46	54	40	60	28	72

TABLE PA-6 (CONTINUED--12 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
53. Work with the news media in releasing public and civic interest stories.	30	70	27	73	20	80
	49	51	31	69	32	68
54. Negotiate medical services covered under health care contracts with organized consumer groups.	49	51	23	77	25	75
	71	29	72	28	72	28
55. Negotiate fees or prices for health care contracts with organized consumer groups.	49	51	31	69	30	70
	67	33	69	31	68	32
56. Approve contracts with organized consumer groups.	55	45	27	73	25	75
	70	30	74	26	64	36
57. Settle grievances with industrial or group accounts.	47	53	27	73	30	70
	54	46	37	63	48	52
58. Work with third party payors to assure efficient collections for the group.	13	87	4	96	0	100
	8	92	4	96	0	100

TABLE PA-7

Percentage of Professional Administrators' Responses by Size and Payment Mechanism--Chief Responsibility (Column 2 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in his group, the professional administrator responded as to who was chiefly responsible for satisfactory performance of the task. This response was made according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

Table PA-7 presents the cross tabulation by size in the three major columns and payment mechanism in two rows for each task. For each task, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 51% of professional administrators from small prepaid groups indicated that the governing body (GB) was chiefly responsible for the satisfactory performance of the task to establish/approve criteria for quality care (10a); 67% of professional administrators from large fee for service groups indicated that the governing body (GB) was chiefly responsible for the satisfactory performance of the task to establish/approve criteria for quality care (10a).

TABLE PA-7

PERCENTAGE OF PROFESSIONAL ADMINISTRATORS' RESPONSES BY SIZE AND PAYMENT MECHANISM--CHIEF RESPONSIBILITY (COLUMN 2 OF STANDARD LIST)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:															
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	11	69	6	3	11	5	80	5	0	10	0	76	0	0	24
	3	75	3	16	3	3	75	6	12	4	0	76	5	0	19
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	5	66	15	2	12	0	82	4	4	9	5	58	11	5	21
	3	75	7	8	7	4	78	3	11	4	0	74	0	4	22
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	12	51	12	12	12	0	79	5	16	0	0	31	31	19	19
	2	58	8	28	4	8	49	9	25	8	0	47	20	13	20
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:															
a. New medical equipment and procedures.	4	36	26	27	6	0	10	38	43	10	0	25	20	30	25
	2	21	13	54	10	4	14	16	43	23	0	14	14	27	45
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	0	84	2	8	6	0	96	4	0	0	0	90	5	0	5
	1	93	2	3	1	0	90	0	7	3	0	92	0	4	4
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	2	67	13	11	7	0	70	5	15	10	0	80	10	5	5
	2	70	5	15	8	1	71	5	18	5	0	82	0	9	9
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	4	88	2	0	6	0	96	0	4	0	0	80	5	0	15
	1	91	1	4	2	0	88	2	7	3	0	92	4	0	4
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	4	13	33	44	4	5	0	33	57	5	0	0	50	50	0
	2	6	16	70	6	0	2	22	72	4	0	9	14	73	4

TABLE PA-7 (CONTINUED--2 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	0	74	4	18	4	0	73	0	27	0	0	74	10	10	5
	1	69	3	24	3	0	74	2	21	3	0	75	0	25	0
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice......	0	34	16	40	10	5	40	10	25	20	6	18	35	29	12
	3	29	10	46	12	6	31	6	34	23	6	25	6	44	19
6. Establish/approve the need to replace existing or purchase additional medical equipment.	0	41	13	41	4	0	33	24	43	0	0	15	15	40	30
	2	27	10	58	3	1	21	12	54	12	0	20	10	50	20
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services....	0	82	4	12	2	0	79	4	17	0	0	80	0	10	10
	1	78	3	16	2	0	79	2	17	2	0	72	0	20	8
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	0	86	0	4	10	0	88	4	0	8	0	80	0	0	20
	0	92	1	3	4	1	87	0	3	9	0	67	0	4	29
9. Approve purchases of equipment or services costing in excess of $1,000.	0	27	10	58	6	0	18	0	82	0	0	53	5	42	0
	0	18	3	75	4	0	13	4	79	4	0	25	5	55	15
10. Establish/approve:															
a. Criteria for quality care............................	0	2	38	51	8	0	0	41	50	9	0	0	35	55	10
	1	3	3	77	6	1	0	20	71	8	5	0	14	67	14
b. Policies governing your group's organizational structure and type.	0	19	11	68	2	0	14	9	73	4	0	11	16	67	6
	0	14	4	79	3	0	9	7	78	6	0	8	5	83	4
c. Policies governing the number and kind of patients that your group will serve.	0	14	14	68	5	6	6	12	71	6	0	0	13	73	13
	0	7	8	82	3	2	1	11	73	13	0	0	5	79	16
d. Policies governing the growth or reduction in the number of physicians in your group.	0	9	22	67	2	5	10	14	71	0	0	6	22	61	11
	1	2	5	88	4	1	1	8	80	9	0	0	9	78	13
e. Policies governing the growth or reduction in the number of administrators in your group.	0	35	15	47	3	0	47	5	47	0	0	53	5	37	5
	1	20	3	75	1	0	24	5	70	1	0	39	4	44	13

TABLE PA-7 (CONTINUED--3 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
10. Continued.															
f. Policies governing the specialty mix of your group's physicians.	0	5	24	68	2	4	0	22	74	0	0	0	39	50	11
	1	1	6	89	3	0	0	11	80	9	0	0	17	74	9
g. Financial policies.	0	64	4	28	4	0	30	13	56	0	0	42	10	47	0
	0	38	3	56	3	0	31	5	59	5	0	42	0	54	4
h. Accounting policies..............................	0	71	2	18	8	0	69	12	19	0	0	65	5	15	15
	1	72	1	20	6	0	68	2	25	5	0	71	0	12	17
i. Physician personnel policies........................	0	11	30	57	2	0	0	46	54	0	0	5	32	53	10
	0	9	10	78	3	0	4	12	77	7	0	0	17	74	9
j. Non-physician personnel policies.	0	79	2	17	2	0	83	8	8	0	0	68	0	16	16
	0	78	1	19	2	0	72	3	22	3	0	75	0	8	17
11. Develop long-range master plans (e.g., facility, financial, etc.).	0	51	8	35	5	0	44	17	33	6	0	44	0	33	22
	0	44	3	51	2	1	31	6	49	13	0	35	9	30	26
12. Approve long-range master plans (e.g., facility, financial, etc.).	0	13	13	71	3	0	0	10	85	5	0	10	10	74	5
	1	4	2	89	4	0	1	5	86	8	0	4	0	82	14
13. Search and negotiate for investment capital.............	0	72	0	28	0	6	72	6	6	11	0	61	0	11	28
	0	58	4	31	7	0	65	6	20	9	0	59	0	23	18
14. Approve your group's operating budget.	0	28	6	62	3	0	0	0	94	6	0	11	6	72	11
	0	16	2	79	3	0	7	9	79	5	0	20	9	70	10
15. Develop, review, and/or revise standard operating procedures for:															
a. Delivering patient care.	0	19	29	50	2	5	5	40	45	5	0	5	42	42	10
	0	9	14	72	5	0	6	15	63	16	0	0	18	55	27
b. Physician personnel administration.	0	8	28	60	5	5	10	47	38	0	0	5	42	42	10
	0	14	13	71	2	0	11	16	64	9	0	5	18	63	14
c. Non-physician personnel administration..............	0	83	4	10	2	0	84	8	4	4	0	84	0	0	16
	0	87	1	10	2	1	85	2	7	5	0	83	0	4	13
d. Utilization control (non-physician)................	0	75	7	14	4	0	74	16	5	5	6	76	12	6	0
	0	83	1	14	2	1	80	2	14	3	0	72	0	11	17

TABLE PA-7 (CONTINUED--4 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
15. Continued.															
e. Cost controls.	0	83	4	6	6	0	91	4	0	4	0	84	0	5	10
	0	88	2	8	2	1	82	1	14	2	0	92	0	4	4
f. Billing and collecting.	0	76	0	2	22	0	100	0	0	0	0	75	0	0	25
	0	89	1	3	7	1	87	0	2	10	0	92	0	0	8
g. Interacting and dealing with outside agencies.	0	90	6	4	0	0	86	0	14	0	0	78	11	0	11
	1	83	3	9	4	2	82	3	9	4	0	76	12	4	8
h. Gathering, processing, and evaluating information important to your group.	0	89	2	2	6	0	95	0	0	5	0	70	5	0	25
	1	87	3	7	2	2	86	2	4	6	0	75	4	4	17
16. Approve standard operating procedures (new or revised) for:															
a. Delivering patient care.	0	3	28	67	3	0	0	38	57	5	0	5	40	45	10
	1	3	11	79	6	1	2	15	76	6	0	5	17	65	13
b. Physician personnel administration.	0	5	28	65	2	0	5	47	47	0	0	5	37	47	10
	0	7	10	81	2	0	6	16	74	4	0	13	4	78	5
c. Non-physician personnel administration.	0	72	6	19	2	0	88	8	4	0	0	84	0	5	10
	10	71	2	25	2	1	68	2	27	2	0	83	0	13	4
d. Utilization control (non-physician).	0	77	7	14	2	0	74	10	10	5	0	81	12	6	0
	1	72	3	22	2	0	62	1	35	2	0	65	0	25	10
e. Cost controls.	0	78	7	11	4	0	86	4	4	4	0	74	5	15	5
	0	73	2	23	2	0	67	2	28	3	0	65	0	26	9
f. Billing and collecting.	0	73	2	7	18	0	95	0	5	0	0	70	0	10	20
	0	74	1	20	5	1	66	1	23	9	0	70	0	34	0
g. Interacting and dealing with outside agencies.	0	77	11	9	2	0	71	10	19	0	0	74	10	16	0
	1	60	2	33	4	2	54	7	30	7	0	50	13	33	4
h. Gathering, processing, and evaluating information important to your group.	0	73	7	18	2	0	95	5	0	0	0	63	10	10	16
	0	68	5	25	2	1	60	4	28	7	0	39	4	35	22

TABLE PA-7 (CONTINUED--5 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
17. Enforce adherence to standard operating procedures by:															
a. Physician members (participating)	0	5	32	63	0	0	0	55	45	0	0	0	39	50	11
	0	5	18	75	2	0	4	22	68	6	5	0	16	68	11
b. Physician employees (salaried)	0	14	26	57	3	0	9	44	44	4	0	5	40	50	5
	0	16	16	67	1	0	10	25	61	4	0	14	18	59	9
c. Nurses and medical technicians	0	63	15	17	4	0	60	20	10	10	0	83	6	0	11
	1	71	6	17	5	0	68	4	11	17	0	68	0	5	27
d. Receptionists, clerks, and maintenance personnel	0	90	0	4	6	0	87	4	4	4	0	95	0	0	5
	0	92	1	4	3	0	84	2	4	10	0	83	0	0	17
e. Administrative staff	0	81	4	13	2	0	87	0	9	4	0	90	0	5	5
	0	80	2	16	1	0	78	2	16	4	0	92	0	4	4
18. Develop physician staffing plans	0	15	26	59	0	0	16	37	42	5	0	10	42	42	5
	0	16	10	68	6	1	9	17	59	14	0	9	17	44	30
19. Develop non-physician staffing plans	0	89	4	4	2	0	83	9	0	9	0	84	0	0	16
	0	86	2	9	3	1	85	1	6	7	0	88	0	4	8
20. Approve staffing plans	0	32	15	51	2	0	32	14	50	4	0	32	10	47	10
	0	17	3	76	3	0	18	6	71	5	0	23	4	54	18
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:															
a. Physician members (participating)	0	11	36	46	7	0	7	43	50	0	0	14	43	36	7
	0	7	11	77	5	0	6	13	70	11	0	18	12	52	18
b. Physician employees (salaried)	0	15	31	50	4	0	0	53	41	6	0	7	47	33	13
	0	11	13	72	4	0	9	18	62	11	0	10	16	53	21
c. Nurses and medical technicians	0	62	13	13	13	0	67	28	0	6	0	71	6	0	24
	1	66	5	24	4	0	67	5	14	14	0	58	5	15	30
d. Receptionists, clerks, and maintenance personnel	0	87	2	0	11	0	91	4	0	4	0	83	0	0	17
	1	89	2	5	3	0	84	1	5	10	0	73	0	0	27
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:															
a. Physician members (participating)	0	7	31	55	7	0	0	50	43	7	0	8	54	38	0
	1	1	8	87	3	0	2	11	77	10	0	6	12	70	12

TABLE PA-7 (CONTINUED--6 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
22. Continued.															
b. Physician employees (salaried)	0	7	25	64	4	0	0	50	44	6	0	7	50	36	7
	0	5	10	82	3	0	3	11	77	9	0	5	16	58	21
c. Nurses and medical technicians	0	62	18	20	0	0	56	33	6	5	0	77	0	6	17
	0	50	7	39	4	1	59	3	27	10	0	57	5	19	19
d. Receptionists, clerks, and maintenance personnel	0	89	5	7	0	0	95	0	5	0	0	94	0	0	6
	0	79	2	18	1	1	77	3	15	4	0	76	0	10	14
e. Administrative staff	0	76	5	17	2	0	86	0	14	0	0	83	0	11	6
	0	66	2	30	2	1	67	3	27	2	0	85	0	10	5
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:															
a. Physician members (participating)	0	18	18	61	3	0	18	24	58	0	0	16	16	52	16
	1	22	6	68	3	0	22	7	64	7	0	17	6	61	16
b. Physician employees (salaried)	0	24	15	61	0	0	16	26	58	0	0	25	15	60	0
	0	27	5	66	2	0	20	9	63	8	0	18	9	59	14
c. Nurses and medical technicians	0	71	11	14	5	0	72	17	6	5	0	78	0	11	11
	0	78	1	19	2	0	80	4	10	6	0	83	4	4	8
d. Receptionists, clerks, and maintenance personnel	0	89	2	4	4	0	90	5	5	0	0	89	0	0	11
	0	85	2	11	2	0	84	1	10	5	0	91	0	0	9
24. Approve payment plans/salary schedules and benefits (new or revised) for:															
a. Physician members (participating)	0	0	19	78	3	0	6	6	88	0	0	5	16	68	11
	1	4	3	88	4	0	2	4	90	4	0	0	0	83	17
b. Physician employees (salaried)	0	6	18	76	0	0	5	10	85	0	5	16	74	5	0
	0	6	3	88	3	0	2	5	89	4	0	5	0	76	19
c. Nurses and medical technicians	0	48	14	33	5	0	49	6	29	6	0	64	0	24	12
	0	40	3	55	2	0	39	4	52	4	0	50	0	36	14
d. Receptionists, clerks, and maintenance personnel	0	55	9	32	4	0	73	4	23	0	0	75	0	20	5
	0	40	3	55	2	0	39	4	52	4	0	57	0	30	13
e. Administrative staff	0	45	5	45	5	0	59	5	36	6	0	47	0	47	6
	0	38	3	56	3	0	37	4	55	4	0	52	0	35	13

TABLE PA-7 (CONTINUED--7 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
25. Recruit the following to fill openings in your organization:															
a. Physician members (participating)........................	3	18	23	53	3	0	33	27	33	7	0	6	50	22	22
	1	19	15	56	9	0	15	16	39	30	0	17	17	33	33
b. Physician employees (salaried)........................	0	21	20	56	9	0	35	25	35	5	0	5	42	21	32
	1	21	16	52	8	0	18	17	38	27	0	13	18	30	39
c. Nurses and medical technicians........................	0	76	9	4	11	0	74	0	0	26	0	79	0	0	21
	0	85	1	9	5	0	79	1	5	15	0	61	4	0	35
d. Receptionists, clerks, and maintenance personnel.....	0	84	2	2	12	0	86	0	0	14	0	80	0	0	20
	0	92	0	4	4	0	81	0	4	15	0	74	0	0	26
26. Negotiate salary and benefit contracts with organized groups of personnel.	0	70	10	10	10	0	62	0	13	25	0	62	0	0	38
	3	81	0	12	4	0	90	5	0	5	0	100	0	0	0
27. Approve contracts with organized groups of personnel......	0	62	13	25	0	0	14	0	71	15	0	38	0	37	25
	4	34	0	60	2	0	60	5	30	5	0	25	0	75	0
28. Approve appointment/hiring of:															
a. Physician members (participating)........................	0	3	15	80	2	0	0	8	92	0	0	5	21	68	6
	0	1	7	86	6	0	0	7	76	17	0	0	5	79	16
b. Physician employees (salaried)........................	0	5	11	84	0	0	0	12	88	0	0	5	20	65	10
	0	3	6	85	6	0	2	7	76	15	0	5	4	78	13
c. Nurses and medical technicians........................	0	69	13	13	4	0	75	5	5	15	0	83	0	0	17
	0	69	6	20	5	0	76	5	7	12	0	74	4	0	22
d. Receptionists, clerks, and maintenance personnel......	0	85	6	5	4	0	88	4	0	8	0	83	0	0	17
	1	89	2	6	2	0	81	3	5	11	0	79	0	0	21
e. Administrative staff.	0	75	4	21	0	0	79	4	17	0	0	72	0	17	11
	0	70	3	25	2	0	75	5	16	4	0	83	0	17	0
29. Approve end of probationary appointments for physicians...	0	0	25	75	0	0	6	11	83	0	0	0	36	64	0
	0	3	7	85	5	0	0	9	79	12	0	0	12	59	29
30. Negotiate contracts with physicians who wish to join the group.	0	22	26	50	2	0	37	31	32	0	0	39	33	22	6
	0	22	12	61	5	0	24	10	56	10	0	17	17	54	12

TABLE PA-7 (CONTINUED--8 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
31. Orient and train new personnel:															
a. Physician members (participating)	0	15	38	38	9	0	20	60	20	0	6	6	44	16	27
	1	10	23	55	11	0	15	21	26	38	0	17	28	16	39
b. Physician employees (salaried)	0	22	31	39	8	0	21	58	21	0	0	15	45	15	25
	1	12	21	53	13	0	20	20	23	37	0	18	23	14	45
c. Nurses and medical technicians	0	59	5	7	29	0	63	0	37	0	0	68	0	0	32
	1	51	4	13	31	1	55	4	5	35	0	34	4	0	51
d. Receptionists, clerks, and maintenance personnel	0	77	0	2	21	0	82	0	0	18	0	63	0	0	37
	1	76	1	4	18	1	66	0	3	30	0	50	0	0	50
32. Survey the job satisfaction of:															
a. Physician members (participating)	0	15	21	55	9	0	17	42	41	0	0	0	47	46	7
	0	20	19	57	4	0	11	22	57	10	0	23	18	47	12
b. Physician employees (salaried)	0	23	18	53	6	0	13	44	37	6	0	7	40	40	13
	0	21	17	57	5	0	17	21	53	9	5	20	20	50	5
c. Nurses and medical technicians	0	71	12	5	12	0	74	5	0	21	0	78	0	0	22
	1	73	3	15	8	0	75	4	3	18	0	57	5	0	38
d. Receptionists, clerks, and maintenance personnel	0	91	2	0	7	0	86	0	0	14	0	79	0	0	21
	0	89	0	5	6	0	84	1	2	13	0	68	0	0	32
e. Administrative staff	2	81	4	11	2	0	95	0	5	0	0	90	0	5	5
	0	77	1	18	4	0	78	5	11	6	0	86	0	5	9
33. Conduct job performance evaluations for:															
a. Physician members (participating)	0	11	37	47	5	0	0	39	61	0	0	0	53	33	14
	1	3	17	73	6	0	2	23	61	14	0	10	20	70	0
b. Physician employees (salaried)	0	17	30	48	5	0	0	43	50	7	0	0	53	29	18
	1	7	16	70	6	0	3	27	58	12	0	8	15	62	15
c. Nurses and medical technicians	0	61	13	5	21	0	75	6	0	19	0	67	0	0	33
	1	67	6	13	13	0	54	8	6	32	0	40	10	0	50
d. Receptionists, clerks, and maintenance personnel	0	86	0	0	14	0	86	0	0	14	0	68	0	0	32
	0	87	1	5	7	1	71	1	2	25	0	0	0	0	0
e. Administrative staff	0	77	2	14	7	0	95	0	5	0	0	89	0	6	5
	0	78	2	18	2	0	70	4	15	11	0	90	0	5	5

TABLE PA-7 (CONTINUED--9 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
34. Approve promotions of:															
a. Physician members (participating)	0	0	27	73	0	0	0	8	92	0	0	0	38	54	8
	1	2	7	87	3	0	0	11	78	11	0	0	14	71	15
b. Physician employees (salaried).	0	11	29	60	0	0	0	13	87	0	0	0	33	47	20
	1	2	7	86	4	0	1	9	83	7	0	0	11	79	10
c. Nurses and medical technicians	0	64	14	14	8	0	65	5	10	20	0	72	5	6	17
	0	61	7	29	3	0	65	4	17	14	0	78	9	0	13
d. Receptionists, clerks, and maintenance personnel	0	85	5	6	4	0	79	0	8	13	0	84	0	0	16
	1	82	3	11	3	0	81	3	7	9	0	83	0	0	17
e. Administrative staff	0	75	6	17	2	0	87	0	13	0	0	89	0	5	6
	0	68	2	27	3	0	79	4	14	3	0	88	0	4	8
35. Approve dismissals and terminations of:															
a. Physician employees (salaried)	0	5	16	79	0	0	0	17	83	0	0	5	21	63	6
	1	1	6	89	3	0	1	7	82	10	0	0	5	81	14
b. Nurses and medical technicians.	0	44	15	34	7	0	58	5	11	26	0	67	0	6	27
	0	56	8	31	5	0	65	6	17	12	0	63	8	8	21
c. Receptionists, clerks, and maintenance personnel	0	84	6	8	2	0	80	0	4	16	0	74	0	0	26
	0	82	4	12	2	0	82	4	4	10	0	79	0	0	21
d. Administrative staff.	0	65	8	25	2	0	83	0	13	4	0	89	0	6	5
	0	61	4	32	3	0	78	5	14	3	0	88	0	4	8
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	3	23	24	50	0	0	53	6	41	0	11	39	33	17	0
	0	22	9	64	5	0	22	10	58	10	0	16	5	63	16
37. Interpret group policy and clarify procedures for staff and employees.	0	78	2	15	5	0	81	5	14	0	0	64	18	12	6
	0	80	3	13	4	0	80	5	12	3	0	83	0	13	4
38. Counsel, to assist with personal problems:															
a. Physician members (participating).	3	52	35	7	3	0	42	42	8	8	0	7	60	20	13
	3	37	17	32	11	1	37	29	23	10	0	28	29	29	14
b. Physician employees (salaried)	4	50	29	14	3	0	39	31	15	15	0	6	62	19	13
	3	41	17	29	10	1	38	27	24	10	0	27	33	27	13

TABLE PA-7 (CONTINUED--10 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
38. Continued.															
c. Nurses and medical technicians.	0	85	7	3	5	0	76	5	0	19	0	80	0	0	20
	2	85	3	4	6	2	75	1	2	20	0	72	0	0	28
d. Receptionists, clerks, and maintenance personnel.	0	89	2	2	7	0	83	4	9	13	0	81	0	0	19
	2	89	1	3	5	2	77	1	2	18	0	74	0	0	26
39. Mediate/arbitrate interpersonal problems:															
a. Among physicians.	0	14	36	47	3	0	0	64	32	0	0	15	55	25	5
	1	20	19	54	6	0	15	30	47	8	0	17	26	35	21
b. Among nurses and medical technicians.	0	80	5	10	5	0	71	5	0	24	0	72	0	6	22
	1	83	5	6	5	0	80	4	3	13	0	59	5	0	36
c. Among receptionists, clerks, and maintenance personnel.	0	91	0	5	4	0	80	4	0	16	0	79	0	0	21
	1	91	1	3	4	2	80	2	2	14	0	62	0	0	32
d. Among administrative staff	0	90	0	7	3	0	84	4	4	8	0	95	0	0	5
	1	82	3	10	4	1	88	6	5	0	0	96	0	0	4
e. Between physicians and nurses.	0	57	19	19	5	0	55	35	5	5	0	56	28	5	11
	1	63	11	17	8	2	53	16	17	12	0	52	19	5	24
f. Between physicians and administrators	0	34	20	40	6	0	20	35	45	0	0	41	23	18	18
	1	26	12	55	6	1	25	14	54	5	0	5	24	57	14
40. Discipline:															
a. Physician members (participating)	3	0	32	61	4	0	0	25	75	0	0	0	50	50	0
	1	3	13	77	6	0	3	16	71	10	0	0	11	72	17
b. Physician employees (salaried).	3	7	26	61	3	0	0	38	57	5	0	0	53	47	0
	2	5	12	78	3	0	5	19	67	9	0	0	14	68	18
c. Nurses and medical technicians.	0	68	7	14	11	0	67	9	0	24	0	89	0	0	11
	1	74	6	13	6	0	74	7	4	15	0	65	9	0	26
d. Receptionists, clerks, and maintenance personnel	0	91	0	2	7	0	79	0	0	21	0	89	0	0	11
	1	88	1	6	4	0	86	2	1	11	0	75	0	0	25
e. Administrative staff	0	80	3	15	2	0	92	0	4	4	0	94	0	6	0
	1	72	3	21	3	0	81	5	9	5	0	82	0	9	9

TABLE PA-7 (CONTINUED--11 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
41. Secure liability insurance coverage for your group and/or your physicians.	0	85	2	9	4	0	92	4	0	4	0	75	5	5	10
	1	80	3	11	5	0	79	2	16	3	0	75	4	8	13
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	0	86	0	0	14	0	94	0	0	6	0	70	6	6	18
	2	78	4	9	7	3	70	3	5	19	0	78	11	0	11
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	0	88	0	0	12	0	87	0	0	13	0	75	0	0	25
	1	88	1	3	7	1	83	3	3	10	0	67	4	0	29
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	0	64	19	12	5	0	54	33	0	13	0	37	47	0	16
	1	64	9	18	8	1	61	15	12	11	0	59	27	0	14
45. Represent the group or individual physicians in court appearance on collection cases.	0	64	0	0	36	0	6	66	0	28	0	0	60	7	33
	1	69	0	6	24	5	63	2	2	28	0	50	11	0	39
46. Represent the group or individual physicians in court appearances on malpractice litigation.	7	14	21	18	39	5	21	16	5	53	0	25	19	0	56
	1	8	13	29	49	6	9	10	16	59	5	5	14	14	62
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	0	47	20	0	33	20	60	20	0	0	13	75	0	0	12
	4	35	6	12	43	0	21	15	0	64	0	50	0	0	50
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	0	90	5	0	5	0	100	0	0	0	0	63	6	0	31
	1	84	3	6	6	1	76	9	4	10	0	75	15	0	10
49. Represent your group at health care workshops and meetings.	0	75	11	2	12	0	90	5	0	5	0	59	23	0	18
	2	75	9	7	7	5	67	8	5	15	4	68	8	8	12
50. Represent your group in civic matters and projects.	0	74	5	8	13	0	90	5	0	5	0	0	0	0	0
	2	65	8	14	11	3	73	5	8	11	0	73	5	4	18
51. Participate in public health education efforts.	0	34	16	21	29	0	44	13	12	31	0	19	43	19	19
	3	28	16	27	26	5	16	21	14	44	5	5	19	19	52
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.....	0	77	3	10	10	0	57	7	22	14	0	37	25	13	25
	3	50	11	26	11	3	49	18	17	13	6	39	16	17	22

TABLE PA-7 (CONTINUED--12 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
53. Work with the news media in releasing public and civic interest stories.	0	73	9	3	15	0	69	12	0	19	0	67	13	0	20
	1	71	6	16	6	4	68	11	8	9	0	64	6	6	24
54. Negotiate medical services covered under health care contracts with organized consumer groups.	0	72	8	16	4	7	66	7	20	0	0	50	21	0	29
	1	60	14	20	5	0	55	19	23	3	0	57	29	0	14
55. Negotiate fees or prices for health care contracts with organized consumer groups.	4	67	8	17	4	7	71	8	7	7	0	54	15	0	31
	0	71	7	18	4	0	58	9	21	12	0	75	12	0	13
56. Approve contracts with organized consumer groups..........	5	40	10	45	0	7	6	6	75	6	0	36	7	36	21
	1	31	4	58	6	0	27	13	57	3	0	11	11	67	11
57. Settle grievances with industrial or group accounts.	4	80	8	8	0	6	72	0	6	16	0	43	7	0	50
	0	82	2	10	6	0	77	3	13	7	0	85	0	0	15
58. Work with third party payors to assure efficient collections for the group.	0	86	0	3	11	0	83	0	4	13	0	63	0	0	37
	1	83	0	3	13	1	87	10	3	8	0	84	4	0	12

TABLE PA-8

Percentage of Professional Administrators' Responses by Size and Payment Mechanism--Personal Involvement (Column 3 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. The professional administrator indicated the extent of his personal involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

Table PA-8 presents the cross tabulation by size in the three major columns and prepayment mechanism in two rows for each task. For each task, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 21% of professional administrators from small prepaid groups indicated that they had "no personal involvement" (1) in the task to establish/approve criteria for quality care (10a); 9% of professional administrators from large fee for service groups indicated that they had "high personal involvement" (5) in the task to establish/approve criteria for quality care (10a).

TABLE PA-8

PERCENTAGE OF PROFESSIONAL ADMINISTRATORS' RESPONSES BY SIZE AND PAYMENT MECHANISM--PERSONAL INVOLVEMENT (COLUMN 3 OF STANDARD LIST)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:															
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.)	3 3	29 18	20 25	6 20	42 34	0 4	19 18	19 25	33 16	29 37	12 5	12 18	23 41	35 23	18 14
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	0 2	22 15	36 25	11 26	31 32	0 1	13 6	8 34	50 32	29 27	5 8	10 4	35 17	30 42	20 29
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	3 4	32 22	32 29	3 21	30 24	0 4	5 18	32 31	36 16	27 31	6 6	12 6	29 35	35 35	18 18
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:															
a. New medical equipment and procedures.	10 6	14 21	28 32	22 22	27 19	8 5	15 18	31 31	15 25	31 17	5 4	15 33	35 17	30 21	15 25
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	2 2	6 4	12 8	19 15	61 72	0 0	11 4	8 10	27 19	54 67	0 0	20 8	10 8	25 21	45 63
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	6 3	22 12	16 22	32 27	24 36	0 4	0 13	26 22	30 28	44 34	0 0	20 8	35 8	15 42	30 42
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	0 1	0 1	2 3	29 14	69 81	0 0	9 5	13 8	17 12	61 75	0 0	15 0	20 12	20 8	45 80
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.). ...	22 14	33 31	16 31	13 15	16 10	12 19	19 29	35 34	12 11	23 8	5 17	32 22	47 30	11 9	5 22

TABLE PA-8 (Continued--2 of 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.)................................	4	4	14	25	53	0	4	15	19	62	5	0	10	40	45
	2	4	11	22	62	1	2	10	17	71	0	0	4	29	67
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.	9	23	28	19	21	4	0	35	42	17	5	26	21	37	11
	11	23	31	17	17	11	20	32	18	20	5	16	32	21	26
6. Establish/approve the need to replace existing or purchase additional medical equipment..	2	8	27	29	35	0	19	27	23	31	0	15	30	20	35
	5	9	30	31	25	2	7	25	34	32	8	17	17	17	42
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	2	2	8	29	59	0	11	4	31	54	0	10	15	20	55
	1	1	9	21	68	0	2	8	21	69	4	4	4	16	72
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	6	0	8	25	61	8	12	13	17	50	5	15	30	25	25
	1	1	6	16	75	1	3	10	20	66	4	12	8	24	52
9. Approve purchases of equipment or services costing in excess of $1,000.	2	8	6	40	44	0	0	25	17	58	0	5	5	35	55
	2	3	17	26	51	0	3	14	25	58	8	4	4	36	48
10. Establish/approve:															
a. Criteria for quality care............................	21	13	23	23	19	13	29	42	8	8	5	30	50	10	5
	14	32	30	12	12	24	34	28	6	8	32	18	36	5	9
b. Policies governing your group's organizational structure and type....................................	4	12	25	20	39	4	12	12	28	44	5	0	26	32	37
	4	8	31	26	31	1	9	30	29	31	8	4	20	24	44
c. Policies governing the number and kind of patients that your group will serve..........................	3	10	37	18	32	5	15	25	20	35	13	13	37	25	12
	10	15	34	22	19	11	29	21	27	12	14	10	38	19	19
d. Policies governing the growth or reduction in the number of physicians in your group.	6	19	23	27	25	8	16	12	32	32	5	11	42	26	16
	12	16	24	26	22	9	15	24	31	20	20	8	24	24	24
e. Policies governing the growth or reduction in the number of administrators in your group.	15	12	6	17	50	5	0	5	9	81	5	5	5	10	75
	15	7	15	17	46	1	9	8	31	51	4	0	8	8	79

TABLE PA-8 (CONTINUED--3 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
10. Continued.															
f. Policies governing the specialty mix of your group's physicians	12	23	28	16	21	4	30	30	4	30	11	10	58	11	10
	21	23	28	15	13	15	23	36	15	11	13	29	33	4	21
g. Financial policies	0	0	11	29	60	0	4	0	16	80	0	0	5	30	65
	1	2	10	20	68	0	1	14	16	70	0	0	4	8	88
h. Accounting policies	0	0	10	24	67	0	0	20	8	72	0	0	20	20	60
	1	1	5	16	77	0	2	7	13	78	4	0	0	8	88
i. Physician personnel policies	8	20	20	25	27	8	33	8	21	29	5	20	35	30	10
	15	19	24	22	20	10	21	33	15	21	17	17	37	12	17
j. Non-physician personnel policies	2	0	4	23	71	0	0	12	24	64	0	0	10	20	70
	1	1	4	12	82	0	2	5	14	79	4	4	0	8	84
11. Develop long-range master plans (e.g., facility, financial, etc.)	2	7	19	21	51	0	0	4	25	71	0	5	10	25	60
	4	6	17	23	50	1	2	19	27	51	0	8	8	17	67
12. Approve long-range master plans (e.g., facility, financial, etc.)	8	12	23	15	43	0	9	14	23	54	0	5	15	35	45
	11	9	26	20	34	9	11	18	25	36	4	22	9	13	52
13. Search and negotiate for investment capital	3	9	16	25	47	0	6	12	12	71	11	11	6	11	61
	8	7	10	24	51	6	4	11	19	60	12	6	0	18	65
14. Approve your group's operating budget	3	6	11	22	58	5	0	0	26	69	6	6	6	22	61
	4	2	10	23	61	1	5	8	29	57	5	0	9	5	81
15. Develop, review, and/or revise standard operating procedures for:															
a. Delivering patient care	11	15	37	17	24	4	17	42	12	25	15	5	45	15	20
	9	24	30	19	18	13	29	26	18	14	21	29	25	4	21
b. Physician personnel administration	11	18	30	11	30	9	13	30	18	30	5	25	45	15	10
	14	23	23	19	20	17	25	20	22	16	17	17	21	25	21
c. Non-physician personnel administration	4	0	8	23	65	0	8	20	16	56	0	0	10	40	50
	1	1	4	17	76	0	1	10	18	71	0	4	12	0	84
d. Utilization control (non-physician)	4	2	15	26	53	0	10	20	25	45	6	6	24	23	41
	2	3	7	23	65	0	4	19	25	52	5	5	16	16	58

TABLE PA-8 (CONTINUED--4 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
15. Continued.															
e. Cost controls	2	2	6	18	72	0	0	13	37	50	0	5	10	30	55
	1	1	6	14	78	0	1	7	21	71	0	4	8	20	68
f. Billing and collecting	2	6	14	19	60	0	17	17	25	41	5	20	25	15	35
	2	1	6	13	78	0	7	9	17	67	0	24	0	16	60
g. Interacting and dealing with outside agencies.	4	6	21	17	52	0	0	29	25	46	0	5	10	40	45
	1	4	15	19	61	1	4	14	26	55	0	8	28	20	44
h. Gathering, processing, and evaluating information important to your group.	2	8	12	19	60	0	0	29	8	63	0	10	35	20	35
	1	3	15	20	62	1	5	14	23	57	0	16	16	12	56
16. Approve standard operating procedures (new or revised) for:															
a. Delivering patient care	9	14	28	19	30	0	29	33	19	19	0	30	40	15	15
	9	20	37	18	16	16	30	29	17	8	29	25	29	4	13
b. Physician personnel administration	11	22	24	20	24	0	33	29	24	14	11	16	37	26	11
	15	24	29	17	16	15	24	28	23	11	29	33	13	13	13
c. Non-physician personnel administration	0	4	10	18	67	0	4	12	27	58	0	0	25	35	40
	1	2	9	18	70	1	4	8	24	63	4	12	8	20	56
d. Utilization control (non-physician)	0	4	13	22	61	0	10	10	30	50	0	6	29	24	41
	3	1	11	16	69	1	6	17	27	49	10	14	10	19	48
e. Cost controls	0	2	8	21	69	0	0	21	33	46	0	0	25	25	50
	2	1	9	17	73	0	2	9	19	70	13	13	13	13	50
f. Billing and collecting	2	2	6	22	69	0	8	21	21	50	5	25	20	25	25
	1	2	6	16	74	1	6	4	18	71	8	8	13	4	67
g. Interacting and dealing with outside agencies.	4	6	10	29	51	0	8	20	24	48	0	11	21	58	11
	2	5	17	20	56	2	11	13	28	46	8	8	25	25	33
h. Gathering, processing, and evaluating information important to your group.	0	10	8	25	56	0	8	28	8	56	0	10	30	30	30
	2	6	15	22	56	1	7	16	26	51	4	21	21	17	38

TABLE PA-8 (CONTINUED--5 OF 12)

	Small 1	Small 2	Small 3	Small 4	Small 5	Medium 1	Medium 2	Medium 3	Medium 4	Medium 5	Large 1	Large 2	Large 3	Large 4	Large 5
17. Enforce adherence to standard operating procedures by:															
a. Physician members (participating)	13	15	33	15	23	8	21	42	21	8	6	44	22	22	6
	15	25	29	16	16	20	25	28	15	12	19	33	19	14	14
b. Physician employees (salaried)	16	14	22	22	27	8	15	42	19	15	5	45	15	20	15
	13	21	27	16	23	17	17	32	13	21	21	21	29	17	13
c. Nurses and medical technicians	6	10	21	19	44	0	8	33	21	38	0	5	37	37	21
	2	6	13	26	53	4	5	21	23	47	8	0	21	33	38
d. Receptionists, clerks, and maintenance personnel	2	0	12	25	62	0	13	8	33	46	0	20	10	30	40
	1	1	6	17	74	1	4	15	21	60	4	8	4	28	56
e. Administrative staff	4	2	12	18	63	0	8	4	24	64	0	0	10	25	65
	2	3	8	14	73	1	2	15	17	66	0	0	0	12	88
18. Develop physician staffing plans	6	19	32	13	30	4	24	28	16	28	5	25	45	15	10
	14	13	30	18	26	15	19	27	26	13	17	17	22	26	17
19. Develop non-physician staffing plans	0	2	10	29	59	0	12	16	28	44	0	5	15	40	40
	2	2	11	19	67	1	5	12	21	62	0	8	4	20	68
20. Approve staffing plans	4	7	15	30	44	8	4	12	28	48	0	0	26	26	47
	4	7	19	23	48	4	9	20	33	34	13	8	13	21	46
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:															
a. Physician members (participating)	9	21	21	21	27	6	25	31	25	13	14	21	43	14	7
	16	24	28	16	16	20	35	18	20	8	28	39	11	0	22
b. Physician employees (salaried)	10	16	19	26	29	5	25	25	30	15	13	40	33	0	13
	14	22	25	18	21	18	30	28	11	13	26	42	5	5	21
c. Nurses and medical technicians	2	9	20	28	41	0	18	32	27	23	6	6	29	29	29
	2	5	20	22	51	1	10	19	27	44	10	14	19	29	29
d. Receptionists, clerks, and maintenance personnel	0	4	16	18	61	0	9	13	35	44	6	11	22	22	39
	2	2	6	17	74	1	6	11	23	60	4	4	9	26	57
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:															
a. Physician members (participating)	6	27	24	12	30	13	33	13	20	20	15	23	39	8	15
	22	28	26	12	12	24	32	21	20	3	53	35	0	0	12

TABLE PA-8 (CONTINUED--6 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
22. Continued.															
b. Physician employees (salaried)........................	16	23	23	16	23	18	29	18	18	18	21	21	43	0	14
	18	26	27	15	14	21	32	20	21	7	53	37	0	0	11
c. Nurses and medical technicians........................	2	9	11	27	50	0	24	33	24	19	11	0	33	22	33
	3	7	22	23	46	3	6	23	30	38	23	9	18	18	32
d. Receptionists, clerks, and maintenance personnel.	0	4	4	19	72	0	9	18	18	55	6	0	28	11	56
	2	3	7	16	73	1	4	13	22	60	4	0	22	9	65
e. Administrative staff..................................	2	7	7	15	70	0	0	10	24	67	0	0	6	22	72
	4	2	13	15	67	0	3	17	21	59	0	5	5	9	82
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:															
a. Physician members (participating)....................	2	11	18	32	36	0	13	26	22	39	16	5	26	26	26
	15	10	23	18	34	3	9	23	37	29	0	6	28	22	44
b. Physician employees (salaried)........................	3	14	19	30	35	0	16	20	28	36	15	0	25	25	35
	11	11	22	21	36	6	9	22	34	28	4	4	26	5	39
c. Nurses and medical technicians........................	0	4	8	29	59	0	14	10	24	52	0	5	16	21	58
	1	3	9	16	71	0	4	8	23	65	4	0	0	29	67
d. Receptionists, clerks, and maintenance personnel.	0	2	6	20	72	0	14	5	14	68	5	0	20	20	55
	1	1	7	14	78	0	2	6	19	73	0	0	4	25	71
24. Approve payment plans/salary schedules and benefits (new or revised) for:															
a. Physician members (participating)....................	9	9	23	28	30	9	9	22	35	26	11	5	37	26	21
	22	14	27	14	23	10	15	31	22	21	33	11	11	6	39
b. Physician employees (salaried)........................	8	13	23	28	28	4	12	24	32	28	10	5	45	15	25
	18	15	25	17	26	12	17	29	19	23	36	14	9	9	32
c. Nurses and medical technicians........................	0	10	10	22	57	0	5	9	41	46	0	6	12	35	47
	4	5	12	19	60	2	4	15	24	56	18	5	14	5	59
d. Receptionists, clerks, and maintenance personnel.	2	6	6	22	64	0	4	13	26	57	0	5	11	37	47
	3	4	8	16	69	2	3	13	20	62	13	0	22	9	57
e. Administrative staff..................................	10	6	10	22	53	0	0	13	25	63	0	0	11	26	63
	8	4	10	16	62	2	4	15	19	60	17	0	13	8	63

TABLE PA-8 (CONTINUED--7 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
25. Recruit the following to fill openings in your organization:															
a. Physician members (participating)	17	22	13	9	39	0	6	28	17	50	16	0	32	37	16
	17	16	17	16	34	6	12	24	28	31	28	22	11	11	28
b. Physician employees (salaried)	13	15	15	18	40	4	4	24	24	44	10	5	30	40	15
	15	13	16	19	38	6	14	23	26	32	25	17	4	17	38
c. Nurses and medical technicians	4	6	10	24	56	4	26	22	17	30	0	26	21	16	37
	1	3	9	16	70	4	12	13	20	51	17	21	8	13	42
d. Receptionists, clerks, and maintenance personnel.	4	8	6	21	62	5	23	18	18	36	0	35	20	5	40
	2	2	6	13	78	4	11	9	18	59	21	13	8	17	42
26. Negotiate salary and benefit contracts with organized groups of personnel.	20	10	10	0	60	0	0	13	13	75	0	11	11	0	78
	7	5	7	11	71	0	0	5	21	74	0	0	17	0	83
27. Approve contracts with organized groups of personnel.	22	22	0	0	56	14	0	0	14	71	0	0	22	22	56
	12	7	7	23	53	0	0	11	16	74	0	25	0	25	50
28. Approve appointment/hiring of:															
a. Physician members (participating)	22	17	24	12	24	13	13	35	13	26	16	21	32	21	11
	30	18	20	17	15	22	19	32	18	8	53	11	16	11	11
b. Physician employees (salaried)	20	17	20	17	27	12	4	39	19	27	10	25	35	20	10
	24	19	20	19	18	22	20	28	18	12	46	13	8	13	21
c. Nurses and medical technicians	4	6	10	24	57	0	26	17	17	39	11	5	26	16	42
	4	6	8	18	65	3	8	14	22	53	13	0	13	17	58
d. Receptionists, clerks, and maintenance personnel.	4	2	6	22	67	0	25	8	21	46	16	5	21	26	32
	2	3	4	12	79	4	4	12	17	63	4	12	12	16	56
e. Administrative staff	10	2	6	20	61	0	4	13	17	67	0	0	5	16	79
	8	3	7	15	67	2	3	11	14	71	4	0	12	12	72
29. Approve end of probationary appointments for physicians..	32	18	21	12	18	14	33	19	19	14	21	21	29	21	7
	37	19	19	11	14	28	22	33	10	6	61	6	6	11	17
30. Negotiate contracts with physicians who wish to join the group.	17	20	9	22	33	0	4	17	25	54	11	0	28	28	33
	16	11	15	21	38	12	12	18	20	37	25	13	21	17	25

TABLE PA-8 (CONTINUED--8 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
31. Orient and train new personnel:															
a. Physician members (participating)	17	29	20	11	23	6	24	24	18	29	22	17	44	17	0
	24	22	24	15	15	17	19	40	13	12	22	11	28	11	28
b. Physician employees (salaried)	19	24	16	16	24	9	18	27	18	27	5	30	40	15	10
	20	21	25	17	18	15	22	32	17	14	26	13	22	9	30
c. Nurses and medical technicians	10	20	18	18	34	5	33	24	14	24	5	53	21	11	11
	10	14	26	17	34	14	32	21	11	23	42	17	13	17	13
d. Receptionists, clerks, and maintenance personnel	2	14	10	26	49	4	16	30	4	35	11	53	16	11	11
	3	9	15	20	54	9	29	19	11	33	32	16	12	20	20
32. Survey the job satisfaction of:															
a. Physician members (participating)	18	34	13	5	29	7	7	14	50	21	13	27	27	27	7
	23	15	26	17	19	14	23	39	13	11	29	18	12	35	6
b. Physician employees (salaried)	20	20	23	6	31	6	6	17	61	11	13	33	27	20	7
	19	17	22	18	24	11	28	33	13	16	30	5	20	20	25
c. Nurses and medical technicians	6	13	17	19	46	5	24	29	19	24	0	22	44	17	17
	3	6	19	20	52	6	16	28	17	33	14	9	32	14	32
d. Receptionists, clerks, and maintenance personnel	2	6	12	22	57	5	24	14	24	33	0	21	37	16	26
	2	4	11	18	66	4	11	20	22	44	17	17	17	22	26
e. Administrative staff	4	8	6	27	54	0	10	10	29	52	0	0	16	21	63
	5	5	10	19	61	2	9	21	19	50	5	9	0	18	68
33. Conduct job performance evaluations for:															
a. Physician members (participating)	21	25	21	13	21	8	39	31	15	8	27	40	20	13	0
	34	22	21	11	13	24	43	24	6	4	40	0	10	20	30
b. Physician employees (salaried)	22	15	22	15	26	13	38	25	19	6	24	47	18	12	0
	28	23	21	14	15	25	39	22	9	5	50	7	14	14	14
c. Nurses and medical technicians	6	15	23	19	36	6	22	28	28	17	5	21	42	16	16
	3	9	15	20	52	6	21	28	17	28	38	10	14	19	19
d. Receptionists, clerks, and maintenance personnel	2	13	6	21	58	5	19	33	10	33	5	25	35	20	15
	1	5	10	18	66	7	17	14	22	41	27	23	18	4	27
e. Administrative staff	4	11	11	21	53	0	10	24	10	57	0	0	5	21	74
	7	4	9	16	64	6	8	15	15	55	0	5	0	18	77

TABLE PA-8 (CONTINUED--9 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
38. Continued.															
c. Nurses and medical technicians.,	5	16	34	16	30	9	36	18	9	27	6	25	25	13	31
	3	10	24	17	47	5	23	22	14	36	16	5	32	16	32
d. Receptionists, clerks, and maintenance personnel.	4	13	33	20	30	13	30	17	9	30	6	24	24	12	35
	2	10	21	14	54	6	18	20	16	41	10	15	30	15	30
39. Mediate/arbitrate interpersonal problems:															
a. Among physicians	10	35	20	10	25	18	14	32	14	23	5	26	47	5	16
	21	14	25	19	21	21	19	29	16	16	38	21	17	8	17
b. Among nurses and medical technicians	0	12	21	16	51	0	22	17	13	48	5	16	47	16	16
	3	7	13	22	55	4	12	18	23	43	9	13	30	13	35
c. Among receptionists, clerks, and maintenance personnel.	0	6	23	17	54	4	21	4	21	50	5	35	25	10	25
	1	5	10	17	67	2	15	13	24	47	4	17	25	25	29
d. Among administrative staff	2	5	11	23	59	0	4	4	21	71	0	5	5	10	80
	4	4	13	15	64	0	9	7	21	62	0	0	0	25	75
e. Between physicians and nurses	7	4	18	29	42	0	9	32	5	55	0	5	26	37	32
	5	8	18	20	50	3	9	18	26	45	4	0	44	13	39
f. Between physicians and administrators	3	8	18	15	58	9	9	14	9	59	0	5	5	15	75
	7	14	12	18	60	5	3	11	15	67	4	8	17	8	63
40. Discipline:															
a. Physician members (participating)	23	29	19	13	16	23	27	18	27	5	24	24	29	18	6
	47	20	18	6	9	39	24	24	9	4	60	16	16	0	11
b. Physician employees (salaried).	26	13	29	16	16	22	22	26	22	9	28	17	28	11	17
	39	20	20	9	12	39	20	23	12	6	61	9	17	0	13
c. Nurses and medical technicians	6	6	25	18	45	0	22	22	22	35	5	5	37	16	37
	3	6	15	19	57	2	11	17	25	45	4	13	29	33	21
d. Receptionists, clerks, and maintenance personnel	2	6	18	20	54	0	17	21	13	50	5	10	35	20	30
	1	5	8	16	71	2	6	15	24	54	0	28	20	24	28
e. Administrative staff	6	6	8	22	57	0	4	8	8	80	0	0	10	10	80
	8	4	11	14	64	0	3	12	18	68	0	4	17	17	63

TABLE PA-8 (CONTINUED--10 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
34. Approve promotions of:															
a. Physician members (participating).	30 36	30 23	9 18	13 14	17 10	23 41	39 29	8 21	31 5	0 3	17 60	33 20	42 0	8 7	0 13
b. Physician employees (salaried).	25 31	25 20	14 19	14 17	21 13	26 34	37 27	11 23	21 9	5 8	14 55	43 20	43 0	0 10	0 15
c. Nurses and medical technicians	7 5	4 6	22 13	20 21	48 55	0 2	22 5	26 23	22 23	30 49	11 9	11 4	37 9	5 44	37 35
d. Receptionists, clerks, and maintenance personnel	4 2	2 3	14 6	21 15	60 74	4 0	17 4	13 15	21 22	46 59	10 4	15 16	30 8	10 20	35 52
e. Administrative staff.	8 6	6 3	12 8	22 16	52 67	0 2	0 3	8 14	25 17	67 65	0 4	5 0	0 4	16 20	79 72
35. Approve dismissals and terminations of:															
a. Physician employees (salaried)	30 37	30 21	14 18	5 10	22 13	19 34	24 25	29 21	5 10	24 10	24 58	24 8	35 8	12 8	6 17
b. Nurses and medical technicians.	7 5	9 10	17 11	20 17	48 56	4 4	9 11	30 14	26 20	30 52	5 12	11 4	37 16	16 24	32 44
c. Receptionists, clerks, and maintenance personnel.	4 1	4 4	10 5	14 13	68 78	4 1	8 6	32 9	12 17	44 67	5 4	10 12	40 16	15 16	30 52
d. Administrative staff.	12 9	6 7	10 7	16 12	56 65	0 3	0 3	12 6	16 16	72 73	0 4	0 4	5 0	16 12	79 80
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	8 16	11 9	16 16	27 17	38 41	10 12	5 10	10 15	25 23	50 41	16 30	5 5	26 25	32 10	21 30
37. Interpret group policy and clarify procedures for staff and employees.	4 1	4 2	8 7	22 21	61 68	4 0	4 0	8 10	29 24	54 67	0 0	0 4	16 8	26 24	58 64
38. Counsel, to assist with personal problems:															
a. Physician members (participating).	19 13	13 16	22 29	19 16	28 26	12 11	12 27	29 21	29 13	18 28	6 13	19 20	38 40	19 0	19 27
b. Physician employees (salaried).	19 12	10 17	23 29	23 17	26 27	11 10	6 24	28 21	33 16	22 29	6 6	18 19	35 44	24 0	18 31

TABLE PA-8 (CONTINUED--11 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
41. Secure liability insurance coverage for your group and/or your physicians.	2	6	2	25	65	4	4	4	8	80	10	0	15	30	45
	2	4	7	14	73	2	0	6	12	80	4	8	8	4	76
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	3	3	26	23	45	5	11	21	32	32	0	6	33	33	28
	1	4	26	17	53	3	9	29	23	36	0	11	11	22	56
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	2	6	15	21	56	4	12	16	36	32	0	15	30	30	25
	2	5	15	19	60	1	7	27	20	46	0	16	24	4	56
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	4	15	15	9	57	12	4	28	28	28	0	15	50	20	15
	7	7	18	19	49	5	12	19	30	35	13	22	9	4	52
45. Represent the group or individual physicians in court appearance on collection cases.	15	21	12	9	42	29	6	24	6	35	13	53	13	7	13
	12	13	12	15	48	22	25	17	9	26	39	22	11	0	28
46. Represent the group or individual physicians in court appearances on malpractice litigation.	32	29	11	4	25	5	30	25	10	30	19	19	25	19	19
	34	21	18	14	14	38	25	21	7	8	50	18	5	9	18
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	25	19	6	19	31	20	20	40	0	20	0	38	50	0	13
	45	16	12	6	22	64	14	21	0	0	33	17	17	33	0
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	5	19	19	10	48	0	9	22	17	52	0	7	13	60	20
	1	11	18	19	52	2	18	26	20	34	0	15	5	40	40
49. Represent your group at health care workshops and meetings.	2	17	27	17	38	0	8	29	17	46	0	11	16	42	32
	5	14	17	17	48	4	12	23	25	36	12	4	16	16	52
50. Represent your group in civic matters and projects......	7	14	19	30	30	0	13	21	29	38	0	11	6	61	22
	6	15	24	16	41	2	11	22	32	33	4	17	26	13	39
51. Participate in public health education efforts..........	18	40	11	11	21	6	24	18	18	35	12	29	35	12	12
	23	22	26	9	20	24	32	27	11	6	29	43	14	5	10
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.....	3	15	15	21	47	0	12	18	24	47	0	17	33	22	28
	4	13	22	23	38	3	15	25	25	32	6	28	28	17	22

TABLE PA-8 (CONTINUED--12 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
53. Work with the news media in releasing public and civic interest stories.	3	19	31	8	39	0	12	41	18	29	0	19	25	19	38
	4	24	14	23	36	4	13	24	24	34	0	12	41	18	29
54. Negotiate medical services covered under health care contracts with organized consumer groups.	8	16	12	12	52	0	5	5	26	63	13	13	27	13	33
	3	13	16	18	49	0	3	22	38	38	0	14	43	29	14
55. Negotiate fees or prices for health care contracts with organized consumer groups.	8	16	12	4	60	0	6	6	29	59	14	7	21	7	50
	2	7	14	20	57	3	6	28	25	39	0	13	25	50	13
56. Approve contracts with organized consumer groups.,.......	9	17	13	13	48	0	6	11	22	61	20	0	27	20	33
	7	7	17	18	51	7	13	29	23	29	11	22	33	11	22
57. Settle grievances with industrial or group accounts......	7	15	15	22	41	6	0	17	17	61	15	15	23	23	23
	2	9	16	15	58	0	6	22	25	47	8	8	23	8	54
58. Work with third party payors to assure efficient collections for the group.	4	9	11	26	50	8	4	25	21	42	11	11	39	11	28
	3	5	18	18	57	0	7	18	27	48	0	16	12	20	52

TABLE PA-9

Percentage of Professional Administrators' Responses by Size and Payment Mechanism--Decision Table

Part of the survey questionnaire included the Decision Table Section. The Decision Section consisted of a number of hypothetical changes that might be made in a medical group practice. After reviewing the list, the professional administrator indicated the person or group who would have final authority in making the decision before the change would be made. The professional administrators' responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

Table PA-9 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each hypothetical change. For each hypothetical change, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 72% of professional administrators from small prepaid groups indicated that the governing body(GB) would have final authority for the decision of setting the fee schedule for the clinic (lb); 73% of professional administrators from large fee for service groups indicated that the governing body (GB) would have final authority for the decision of setting the fee schedule for the clinic (lb).

TABLE PA-9

PERCENTAGE OF PROFESSIONAL ADMINISTRATORS' RESPONSES BY SIZE AND PAYMENT MECHANISM--DECISION TABLE

1. Final authority for decision
   a. Initiate a new patient education program for diabetics:

	Small	Medium	Large
Governing body.	53 59	30 40	40 35
Medical director.	18 13	26 8	10 0
Administrator	2 2	0 1	0 4
Medical department head	10 6	26 24	35 26
Non-medical department supervisor	0 0	0 0	0 0
Individual physician.	16 19	17 23	10 30
Other	0 2	0 4	5 4

----

b. Setting the fee schedules for the clinic:

	Small	Medium	Large
Governing body.	72 83	75 72	68 73
Medical director.	4 2	8 4	5 0
Administrator	20 9	0 4	0 9
Medical department head	0 0	4 7	5 14
Non-medical department supervisor	0 0	0 0	0 0
Individual physician.	4 4	13 8	0 5
Other	0 2	0 4	21 0

----

c. Change in the level of remuneration for an individual physician member (participating):

	Small	Medium	Large
Governing body.	90 89	90 90	77 77
Medical director.	4 4	2 2	0 0
Administrator	2 2	3 3	0 0
Medical department head	0 0	1 1	14 14

TABLE PA-9 (CONTINUED--2 OF 4)

	Small	Medium	Large
1. c. (Continued)			
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	2	1	0
	2	1	0
Other	3	4	9
	3	4	9
d. Change in the hours of clinic service:			
Governing body.	81	88	60
	88	82	65
Medical director.	4	8	10
	3	4	13
Administrator	15	0	5
	3	6	13
Medical department head	0	0	5
	0	2	4
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	0	10
	3	2	0
Other	0	4	10
	3	5	4
e. Establish a new cost finding system for the clinic:			
Governing body.	46	36	30
	32	47	25
Medical director.	4	8	5
	3	2	4
Administrator	48	52	60
	63	49	71
Medical department head	0	0	0
	0	0	0
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	0	0
	0	0	0
Other	2	4	5
	2	3	0
f. Redecorate and refurnish the clinic waiting room:			
Governing body.	62	58	50
	61	63	54
Medical director.	6	4	5
	3	3	0

TABLE PA-9 (CONTINUED--3 OF 4)

1. f. (Continued)

	Small	Medium	Large
Administrator	26	38	40
	33	31	42
Medical department head	0	0	0
	0	2	0
Non-medical department supervisor	2	0	0
	0	0	0
Individual physician.	2	0	0
	1	0	0
Other	2	0	5
	2	2	4

g. Business insurance decisions for the group (e.g., liability insurance not fringe benefits):

	Small	Medium	Large
Governing body.	62	63	60
	60	63	79
Medical director.	0	4	0
	4	4	0
Administrator	36	33	30
	34	31	13
Medical department head	0	0	0
	0	0	4
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	0	0
	1	0	4
Other	2	0	10
	1	3	0

h. Termination of a non-physician professional person:

	Small	Medium	Large
Governing body.	44	14	11
	35	24	21
Medical director.	4	9	0
	5	4	4
Administrator	50	68	68
	57	65	67
Medical department head	0	9	5
	2	4	8
Non-medical department supervisor	0	0	5
	0	1	0
Individual physician.	0	0	0
	1	1	0
Other	2	0	11
	0	2	0

TABLE PA-9 (CONTINUED--4 OF 4)

1. (Continued)

   i. Approval of a feasibility study on a partial pre-paid medical program in the group:

	Small	Medium	Large
Governing body.	75	80	78
	82	87	87
Medical director.	2	0	0
	5	1	0
Administrator	23	10	11
	11	5	13
Medical department head	0	0	0
	0	0	0
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	0	0
	1	0	0
Other	0	10	11
	2	5	0

----

   j. Routine work assignment scheduling for clerical personnel in business office:

	Small	Medium	Large
Governing body.	2	0	0
	3	2	0
Medical director.	0	0	0
	1	1	0
Administrator	76	76	56
	85	74	62
Medical department head	0	0	0
	0	0	0
Non-medical department supervisor	20	24	39
	9	20	38
Individual physician.	0	0	0
	0	0	0
Other	2	0	6
	2	3	0

****

TABLE PA-10

Percentage of Professional Administrators' Responses by Size and Payment Mechanism--Critical Tasks by Fine's Methodology

Included in the survey questionnaire was the Critical Tasks Section. In this section, the professional administrator listed the five most important tasks that he performed as a medical group administrator. Later, these responses were content analyzed using a functional task analysis adapted from procedures developed by Fine (1955, 1965, 1971). Also these responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

Table PA-10 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each functional category. For each functional category, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 29% of professional administrators from small prepaid groups indicated that the first most important data task which they performed was compiling (1a6); 20% of professional administrators from large fee for service groups indicated that the first most important data task which they performed was analyzing (1a7).

TABLE PA-10

PERCENTAGE OF PROFESSIONAL ADMINISTRATORS' RESPONSES BY SIZE AND PAYMENT MECHANISM--CRITICAL TASKS BY FINE'S METHODOLOGY

	Small	Medium	Large
1. First most important task			
a. Data:			
(1) No significant relationship	2	0	0
	1	0	0
(2) No significant relationship	0	0	0
	0	0	0
(3) Comparing	0	0	0
	0	0	0
(4) Copying	0	0	0
	0	0	0
(5) Computing	2	0	5
	3	1	5
(6) Compiling	29	5	11
	28	19	25
(7) Analyzing	31	32	16
	15	25	20
(8) Coordinating.	2	18	21
	9	11	15
(9) Synthesizing.	0	0	0
	0	0	0
b. People:			
(1) No significant relationship	0	0	0
	0	0	0
(2) Serving	0	5	0
	2	0	0
(3) Speaking--Signaling	0	0	0
	0	2	0
(4) Persuading.	2	14	0
	2	5	5
(5) Diverting	2	0	0
	0	0	0
(6) Supervising	20	0	21
	26	20	20
(7) Instructing	0	0	5
	1	1	0
(8) Negotiating	8	27	21
	12	17	10
(9) Mentoring	2	0	0
	0	0	0

TABLE PA-10 (CONTINUED--2 OF 5)

2. Second most important task
   a. Data:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	0	0	0
(3) Comparing	0	5	0
	0	0	0
(4) Copying	0	0	0
	0	0	0
(5) Computing	6	0	0
	6	3	0
(6) Compiling	25	9	16
	26	20	20
(7) Analyzing	19	18	16
	16	20	20
(8) Coordinating.	6	9	21
	3	7	5
(9) Synthesizing.	0	0	0
	0	0	0

b. People:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) Serving	2	0	0
	2	0	5
(3) Speaking--Signaling	0	0	5
	1	2	0
(4) Persuading.	10	18	0
	2	6	10
(5) Diverting	0	5	0
	1	2	0
(6) Supervising	31	14	21
	35	32	25
(7) Instructing	0	0	5
	1	25	5
(8) Negotiating	0	0	16
	7	8	10
(9) Mentoring	0	0	0
	0	0	0

TABLE PA-10 (CONTINUED--3 OF 5)

		Small	Medium	Large
3. Third most important task				
a. Data:				
	(1) No significant relationship	0	0	0
		0	0	0
	(2) No significant relationship	0	0	0
		0	0	0
	(3) Comparing	0	0	0
		2	2	0
	(4) Copying	0	0	0
		0	0	0
	(5) Computing	4	5	0
		7	0	0
	(6) Compiling	31	27	16
		27	25	21
	(7) Analyzing	8	18	26
		16	20	32
	(8) Coordinating.	4	14	16
		3	5	0
	(9) Synthesizing.	0	0	0
		0	0	0
b. People				
	(1) No significant relationship	0	0	0
		0	0	0
	(2) Serving	2	0	0
		1	0	0
	(3) Speaking--Signaling	0	0	5
		2	4	0
	(4) Persuading.	8	5	5
		9	12	16
	(5) Diverting	2	5	0
		1	0	0
	(6) Supervising	40	23	21
		27	16	26
	(7) Instructing	0	5	5
		2	4	0
	(8) Negotiating	0	0	5
		5	13	5
	(9) Mentoring	0	0	0
		0	0	0

TABLE PA-10 (CONTINUED--4 OF 5)

4. Fourth most important task
   a. Data:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	0	0	0
(3) Comparing	6	5	0
	4	3	6
(4) Copying	0	0	0
	0	0	0
(5) Computing	8	35	5
	7	2	0
(6) Compiling	33	15	21
	35	29	35
(7) Analyzing	23	5	11
	14	26	24
(8) Coordinating.	2	5	11
	3	3	6
(9) Synthesizing.	0	0	0
	0	0	0

b. People:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) Serving	0	0	11
	0	0	0
(3) Speaking--Signaling	4	0	5
	4	3	12
(4) Persuading.	8	15	16
	11	9	6
(5) Diverting	4	10	5
	2	0	0
(6) Supervising	4	5	21
	14	18	6
(7) Instructing	2	5	5
	1	1	0
(8) Negotiating	4	5	0
	5	7	6
(9) Mentoring	0	0	0
	0	0	0

TABLE PA-10 (CONTINUED--5 OF 5)

	Small	Medium	Large
5. Fifth most important task			
a. Data:			
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	0	0	0
(3) Comparing	5	0	6
	8	8	7
(4) Copying	0	0	0
	1	0	0
(5) Computing	2	6	0
	5	2	0
(6) Compiling	29	13	0
	26	21	20
(7) Analyzing	17	19	17
	18	19	20
(8) Coordinating.	2	13	6
	1	1	7
(9) Synthesizing.	0	0	0
	1	0	0
b. People:			
(1) No significant relationship	0	0	0
	0	0	0
(2) Serving	0	0	6
	4	2	0
(3) Speaking--Signaling	5	0	6
	3	8	7
(4) Persuading.	19	31	17
	13	17	0
(5) Diverting	2	0	0
	1	2	0
(6) Supervising	7	19	22
	10	9	13
(7) Instructing	5	0	6
	1	0	0
(8) Negotiating	7	0	17
	7	10	13
(9) Mentoring	0	0	0
	1	0	13

TABLE PA-11

Professional Administrators' Responses by Size and Payment Mechanism--Average Number of Tasks by Katz and Kahn Subsystems (Column 1 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. For each task, the professional administrators responded as to whether the task was performed in their medical groups. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large--and by the payment mechanism employed by their groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table PA-11 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism. The cross tabulation is presented in terms of the average numbers of tasks for each subsystem. For example, professional administrators from small fee for service groups indicated that the average number of "maintenance" tasks performed in their medical groups was 34.30; professional administrators from large prepaid groups indicated that the average number of "managerial" tasks performed in their medical groups was 61.40.

TABLE PA-11

PROFESSIONAL ADMINISTRATORS' RESPONSES BY SIZE AND PAYMENT MECHANISM--AVERAGE NUMBER OF TASKS BY KATZ AND KAHN SUBSYSTEMS (COLUMN 1 OF STANDARD LIST)

Subsystems	Fee For Service			Prepayment		
	Small	Medium	Large	Small	Medium	Large
Total Tasks Performed	114.58	119.66	123.13	117.42	123.14	129.53
1. Maintenance	34.30	35.52	36.54	34.43	36.00	38.56
2. Boundary/Production Supportive-Procurement	11.01	11.41	11.36	11.53	12.56	13.60
3. Boundary/Production Supportive-Disposal	4.57	4.98	5.32	4.94	5.24	5.25
4. Boundary/Institutional Supportive	1.86	2.05	2.16	2.19	2.42	2.60
5. Adaptive	8.35	8.70	9.32	8.83	9.31	9.63
6. Managerial	55.48	57.95	58.84	56.00	59.05	61.40

TABLE PA-12

Professional Administrators' Responses by Size and Payment Mechanism--Chief Responsibility Expressed as a Percentage of Subsystem Tasks in Each Katz and Kahn Subsystem (Column 2 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in his group, the professional administrator responded as to who was chiefly responsible for satisfactory performance of the task. This response was made according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large--and by the payment mechansims employed by their groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table PA-12 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism. The cross tabulation is presented in terms of percentages of chief responsibility for each subsystem. For example, professional administrators from small fee for service groups indicated that governing bodies were chiefly responsible for 29% of the "maintenance" tasks performed in the medical groups; professional administrators from large prepaid groups indicated that medical directors were chiefly responsible for 17% of the "maintenance" tasks performed in the medical groups.

TABLE PA-12

PROFESSIONAL ADMINISTRATORS' RESPONSES BY SIZE AND PAYMENT MECHANISM--CHIEF RESPONSIBILITY EXPRESSED AS A PERCENTAGE OF SUBSYSTEM TASKS IN EACH KATZ AND KAHN SUBSYSTEM (COLUMN 2 OF STANDARD LIST)

Subsystem	Chief Responsibility	Fee For Service			Prepayment		
		Small	Medium	Large	Small	Medium	Large
1. Maintenance							
	No One......................	0	0	0	0	0	0
	Professional Administrator	59	55	52	60	55	53
	Medical Director...........	6	8	7	10	20	17
	Governing Body.............	29	24	20	22	19	16
	Other......................	5	12	21	7	7	14
2. Boundary/Production Supportive-Procurement							
	No One......................	1	0	0	1	1	0
	Professional Administrator	66	62	54	65	66	56
	Medical Director...........	6	6	9	9	11	15
	Governing Body.............	22	17	13	17	10	7
	Other......................	7	14	24	8	12	22
3. Boundary/Production Supportive-Disposal							
	No One......................	1	3	2	0	1	0
	Professional Administrator	70	66	60	72	82	53
	Medical Director...........	6	7	9	6	3	14
	Governing Body.............	9	5	5	4	2	4
	Other......................	13	17	24	18	12	29
4. Boundary/Institutional Supportive							
	No One......................	2	5	4	0	3	2
	Professional Administrator	39	44	39	48	54	31
	Medical Director...........	8	9	9	8	11	27
	Governing Body.............	31	18	17	20	16	18
	Other......................	9	15	22	10	17	16
5. Adaptive							
	No One......................	1	2	0	3	1	1
	Professional Administrator	64	59	62	62	65	59
	Medical Director...........	6	6	6	11	12	13
	Governing Body.............	24	23	13	15	16	13
	Other......................	5	9	18	7	6	15
6. Managerial							
	No One......................	0	1	0	0	0	0
	Professional Administrator	44	41	42	48	45	45
	Medical Director...........	5	7	6	13	14	15
	Governing Body.............	46	43	37	34	35	29
	Other......................	4	8	15	3	6	12

TABLE PA-13

Professional Administrators' Responses by Size and Payment Mechanism--Professional Administrators' Average Personal Involvement by Katz and Kahn Subsystems (Column 3 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. The professional administrator responded as to the extent of his personal involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table PA-13 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism. The cross tabulation is presented in terms of the average personal involvement for each Katz and Kahn subsystem. For example, the average personal involvement of professional administrators from small fee for service groups was 3.89 for tasks in the maintenance subsystem; the average personal involvement of professional administrators from large prepaid groups was 3.49 for tasks in the maintenance subsystem.

TABLE PA-13

PROFESSIONAL ADMINISTRATORS' RESPONSES BY SIZE AND PAYMENT MECHANISM
-PROFESSIONAL ADMINISTRATORS' AVERAGE PERSONAL INVOLVEMENT BY KATZ AND KAHN SUBSYSTEMS
(COLUMN 3 OF STANDARD LIST)-

Subsystem	Fee For Service			Prepayment		
	Small	Medium	Large	Small	Medium	Large
Average Total Involvement	3.86	3.77	3.59	3.82	3.80	3.61
1. Maintenance	3.89	3.70	3.54	3.84	3.69	3.49
2. Boundary/Production Supportive-Procurement	4.06	4.00	3.60	3.89	3.9[illegible]	3.65
3. Boundary/Production Supportive-Disposal	3.74	3.54	3.44	3.67	3.79	3.41
4. Boundary/Institutional Supportive	3.31	3.45	3.45	3.43	3.65	3.44
5. Adaptive	3.90	3.90	3.92	3.83	3.94	3.66
6. Managerial	3.82	3.79	3.58	3.83	3.83	3.69

TABLE PA-14

Professional Administrators' Responses by Size and Payment Mechanism--Professional Administrators' Average Personal Involvement by Who is Chiefly Responsible in Each Katz and Kahn Subsystem (Column 2--3 Interaction)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. The professional administrator responded as to the extent of his personal involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). The professional administrator also responded as to who was chiefly responsible for satisfactory performance of the task according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator.

These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table PA-14 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism.

The cross tabulation is presented in terms of the interaction between the professional administrators' average personal involvement by who is chiefly responsible in each Katz and Kahn subsystem. For example, with regard to maintenance tasks, the average personal involvement of professional administrators from small fee for service groups was 4.39 for the tasks in which the professional administrator was chiefly responsible and was .36 for the tasks in which the medical director was chiefly responsible. Again, with regard to maintenance tasks, the average personal involvement of professional administrators from large prepaid groups was 4.07 for the tasks in which the professional administrator was chiefly responsible and was 1.41 for the tasks in which the medical director was chiefly responsible.

TABLE PA-14

PROFESSIONAL ADMINISTRATORS' RESPONSES BY SIZE AND PAYMENT MECHANISM-- PROFESSIONAL ADMINISTRATORS' AVERAGE PERSONAL INVOLVEMENT BY WHO IS CHIEFLY RESPONSIBLE IN EACH KATZ AND KAHN SUBSYSTEM (COLUMN 2--3 INTERACTION)

Subsystem	Chief Responsibility	Fee For Service			Prepayment		
		Small	Medium	Large	Small	Medium	Large
1. Maintenance							
	No One	.09	.10	.08	.02	0	.21
	Professional Administrator	4.39	4.16	4.33	4.13	3.90	4.07
	Medical Director	.86	1.16	.98	1.11	2.05	1.41
	Governing Body	2.71	2.63	2.47	2.04	2.74	2.67
	Other	1.41	1.41	2.06	1.10	1.30	1.78
2. Boundary/Production Supportive-Procurement							
	No One	.06	.15	0	.04	.32	.10
	Professional Administrator	4.39	4.26	4.24	4.00	3.95	3.95
	Medical Director	.62	.70	.64	1.19	1.55	1.98
	Governing Body	2.40	2.43	2.05	2.05	1.89	1.64
	Other	1.05	1.68	2.37	.98	1.47	2.09
3. Boundary/Production Supportive-Disposal							
	No One	.11	.08	.18	0	.05	0
	Professional Administrator	3.91	3.64	3.95	3.58	4.01	3.29
	Medical Director	.40	.54	.54	.29	.32	1.44
	Governing Body	.63	.45	.46	.45	.36	.40
	Other	.93	1.10	1.21	1.11	1.16	1.44
4. Boundary/Institutional Supportive							
	No One	.08	.45	.20	0	.18	.06
	Professional Administrator	2.07	2.38	2.27	2.55	3.45	2.01
	Medical Director	.33	.45	.67	.38	.68	1.16
	Governing Body	1.31	1.00	1.57	1.01	1.53	1.03
	Other	.42	.66	.98	.70	1.06	1.00
5. Adaptive							
	No One	.13	.28	0	.29	.10	.05
	Professional Administrator	4.21	4.16	4.29	3.74	4.05	4.11
	Medical Director	.59	.83	.90	1.20	1.87	1.68
	Governing Body	2.56	2.57	2.00	1.78	2.43	3.04
	Other	.66	1.08	1.62	.65	.95	1.69
6. Managerial							
	No One	.15	.19	.13	.28	.40	0
	Professional Administrator	4.39	4.28	4.39	4.02	4.04	4.12
	Medical Director	1.02	1.38	1.59	1.55	1.97	2.20
	Governing Body	3.10	3.18	2.84	2.67	3.29	3.02
	Other	1.50	2.02	2.15	1.15	1.60	2.42

TABLE PA-15

Professional Administrators' Responses on Time Logs by Size and Payment Mechanism--Average Number of Tasks in Each Functional Level of Fine's Methodology

Part of this study included the analysis of professional administrators' responses to time logs. These responses were content analyzed using a functional task analysis adapted from procedures developed by Fine (1955, 1965, 1971). Also, the responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

Table PA-15 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each functional category. For each functional category, the top row of numbers always represents responses by prepayment groups, and the bottom row always represents responses by fee for service groups. The cross tabulation is presented in terms of the average number of tasks in each functional category. For example, professional administrators from small fee for service groups indicated on their time logs that they performed an average number of 5.71 data analyzing tasks (7); professional administrators from large prepaid groups indicated that they performed an average number of 3.36 data analyzing tasks (7).

TABLE PA-15

PROFESSIONAL ADMINISTRATORS' RESPONSES ON TIME LOGS BY SIZE AND PAYMENT MECHANISM--AVERAGE NUMBER OF TASKS IN EACH FUNCTIONAL LEVEL OF FINE'S METHODOLOGY

Fine's Methodology		Average Number of Tasks		
Category	Functional Level	Small	Medium	Large
Data:				
	(1) No significant relationship	6.13 7.36	8.88 11.75	12.09 7.33
	(2) No significant relationship			
	(3) Comparing	1.38 1.86	1.89 1.75	1.27 1.33
	(4) Copying	1.13 2.00	1.00 2.50	1.00 1.00
	(5) Computing	.88 2.29	1.11 1.25	.93 1.18
	(6) Compiling	7.75 10.43	15.33 14.00	11.27 12.67
	(7) Analyzing	4.13 5.71	5.78 3.38	3.36 4.67
	(8) Coordinating.	2.75 5.79	3.78 4.13	3.27 3.00
	(9) Synthesizing	0 0	0 0	0 0
	Total Number of Data Tasks	24.13 35.43	37.67 38.63	33.73 30.00
	% of All Tasks that are Data Tasks.	46.75 61.14	55.67 53.75	46.09 42.67

Category	Functional Level	Small	Medium	Large
People:				
	(1) No significant relationship	2.25 1.79	2.00 2.25	5.00 3.33
	(2) Serving	1.13 1.21	2.33 2.25	2.55 1.00
	(3) Speaking--Signaling	16.25 11.86	21.44 23.38	26.73 21.33
	(4) Persuading.	1.75 .64	1.22 1.88	2.55 1.00
	(5) Diverting	.38 .50	.22 .50	.91 1.00

TABLE PA-15 (CONTINUED--2 OF 2)

People (Continued):	Small	Medium	Large
(6) Supervising	.88	1.78	1.27
	3.50	2.25	2.67
(7) Instructing	.13	.33	.91
	1.36	.63	1.67
(8) Negotiating	3.13	3.11	4.64
	2.29	2.38	5.67
(9) Mentoring	0	.44	.09
	.50	.13	.33
Total Number of People Tasks. . . .	25.88	32.78	44.64
	21.79	36.50	38.00
% of All Tasks that are People Tasks	52.75	44.22	53.91
	38.21	46.25	57.33

TABLE MD-1

Frequency Distribution of Medical Directors' Responses to Organizational and Biographical Questions

Part of the survey questionnaire included biographical and organizational questions. The medical directors' answers to these questions were organized into frequency distributions presented in Table MD-1.

TABLE MD-1

FREQUENCY DISTRIBUTION OF MEDICAL DIRECTORS' RESPONSES TO ORGANIZATIONAL AND BIOGRAPHICAL QUESTIONS

Number of respondents

Lay administrator only	315
Medical director only	7
Governing body chairperson only	3
Lay administrator and medical director	36
Lay administrator and governing body chairperson	171
Medical director and governing body chairperson	2
Lay administrator, medical director, and governing body chairperson	61

****

I. Biographical
  1. Year of birth and medical background information
    a. Year born:

1901--1905	2
1906--1910	4
1911--1915	5
1916--1920	8
1921--1925	7
1926--1930	14
1931--1935	16
1936--1940	9
1941--1945	3

TABLE MD-1 (CONTINUED--2 OF 7)

1. (Continued)
   b. Medical specialty:

Anesthesiology	0
Colon and rectal surgery	1
Dermatology.	0
Family practice.	18
Internal medicine.	17
Neurological surgery	0
Nuclear medicine	0
Obstetrics-Gynecology.	4
Opthalmology	2
Orthopedic surgery	5
Otolaryngology	0
Pathology.	3
Pediatrics	7
Physical medicine and rehabilitation	0
Plastic surgery.	1
Preventive medicine.	0
Psychiatry and neurology	2
Radiology.	3
Surgery.	19
Thoracic surgery	2
Urology.	2

TABLE MD-1 (CONTINUED--3 OF 7)

1. (Continued)
   c. Years practiced medicine:

1--5	4
6--10	11
11--15	19
16--20	15
21--25	14
26--30	15
31--35	7
36--40	7
41--45	3
46--50	1

----

d. Years of practice before becoming medical director:

1--5	12
6--10	20
11--15	17
16--20	21
21--25	10
26--30	5
31--35	2
36--40	1

TABLE MD-1 (CONTINUED--4 OF 7)

1. (Continued)
   e. Years as medical director:

1--3	40
4--6	26
7--9	4
10--12	7
13--15	3
16--18	1
19--21	5
22--24	0
25--27	2
28--29	1

****

II. Organizational Information
   2. Governing body of organization:

Association	2
Board of directors/trustees/regents	49
Executive/management committee. . .	19
Foundation.	2
Founder/sole proprietorship	1
Partnership	10
Stockholders.	0
Other	8

****

TABLE MD-1 (CONTINUED--5 OF 7)

3. Medical director is selected by:

By virtue of being founder.	3
Election by the governing body.	38
Election by the partners, associates, etc.. .	32
Rotation among the governing body	1
Rotation among the partners, associates, etc.	5
Rotation among the physician department heads	0
Seniority	0
Other	13

****

4. Authority and duties of medical director defined in written statement such as a job description:

No.	59
Yes	31

****

5. Position of medical director considered to be:

Full-time	16
Part-time	73

****

6. Percentage of medical director's time for:
   a. Seeing patients:

0	2
1--10	10
11--20	4
21--30	1
31--40	3
41--50	5
51--60	3

TABLE MD-1 (CONTINUED--6 OF 7)

6. a. (Continued)

	61--70	2
	71--80	17
	81--90	23
	91--100	22

b. Medical director responsibilities:

	0	0
	1--10	45
	11--20	14
	21--30	8
	31--40	2
	41--50	4
	51--60	3
	61--70	1
	71--80	3
	81--90	5
	91--100	2

c. Other:

	0	59
	1--10	17
	11--20	3
	21--30	3
	31--40	1

TABLE MD-1 (CONTINUED--7 OF 7)

6. c. (Continued)

41--50	0
51--60	1
61--70	1
71--80	1
81--90	1
91--100	0

****

7. Lay administrator's organizational relationship to the medical director:

Lay administrator works with medical director as equal	33
Lay administrator reports to medical director.	48
Medical director reports to administrator.	2
Other.	44

****

8. Presence of a quality review mechanism in group:

No.	48
Yes	53

****

TABLE MD-2

Frequency Distribution of Medical Directors' Responses to Standard List of Administrative Tasks

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. For each task, the medical director indicated if the task was performed in his medical group. The frequencies of these responses are included in Table PA-2 in column 1, "Task Performed."

If the task was performed by someone in his group, the medical director indicated who was chiefly responsible for satisfactory performance of the task according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator. The frequencies of these responses are included in the Table MD-2 in column 2, "Chief Responsibility."

Regardless of whom the medical director indicated to be chiefly responsible for satisfactory performance of the task, the medical director indicated the extent of his personal involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). The frequencies of these responses are included in Table MD-2 in column 3, "Personal Involvement."

TABLE MD-2

FREQUENCY DISTRIBUTION OF MEDICAL DIRECTORS' RESPONSES TO STANDARD LIST OF ADMINISTRATIVE TASKS

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:												
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	30	76	0	47	13	5	8	13	17	15	11	14
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	14	92	0	52	19	9	8	7	27	19	14	16
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	27	78	2	33	21	12	6	4	12	20	16	21
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:												
a. New medical equipment and procedures.	1	105	1	17	35	39	8	2	8	32	23	35
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	2	103	2	87	7	4	3	23	23	22	19	11
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	11	95	0	52	19	12	8	13	26	19	13	15
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	0	106	0	87	7	5	4	24	28	22	17	8
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	13	93	2	6	37	41	4	2	12	14	27	31

TABLE MD-2 (CONTINUED--2 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	2	104	0	61	7	27	5	20	26	22	15	14
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.	26	80	2	17	19	20	18	6	14	21	13	22
6. Establish/approve the need to replace existing or purchase additional medical equipment.	2	104	1	18	33	43	3	3	13	27	26	29
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	0	106	0	73	5	22	0	19	31	26	13	12
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	2	103	0	89	2	3	7	30	27	14	5	9
9. Approve purchases of equipment or services costing in excess of $1,000.	0	104	0	12	13	71	2	9	11	29	19	29
10. Establish/approve:												
a. Criteria for quality care.	23	82	2	1	30	34	12	1	4	14	17	43
b. Policies governing your group's organizational structure and type.	1	104	0	6	16	67	9	3	8	13	25	49
c. Policies governing the number and kind of patients that your group will serve.	23	82	2	4	15	55	5	2	8	11	26	32
d. Policies governing the growth or reduction in the number of physicians in your group.	4	101	0	3	18	67	8	0	3	8	28	55
e. Policies governing the growth or reduction in the number of administrators in your group.	14	91	0	13	6	60	6	6	10	15	24	30

TABLE MD-2 (CONTINUED--3 OF 12)

	1. Task Performed No	Yes	2. Chief Responsibility NO	LA	MD	GB	OT	3. Personal Involvement 1	2	3	4	5
10. Continued.												
f. Policies governing the specialty mix of your group's physicians.	15	89	0	2	21	55	9	2	2	11	25	42
g. Financial policies.	0	104	0	25	8	63	4	1	13	31	24	28
h. Accounting policies.	0	104	0	80	3	11	8	33	28	15	8	12
i. Physician personnel policies.	4	101	0	4	34	51	7	0	5	14	19	58
j. Non-physician personnel policies.	1	104	1	85	3	8	2	17	39	22	11	8
11. Develop long-range master plans (e.g., facility, financial, etc.).	7	98	2	25	14	40	[illegible]	2	7	19	20	39
12. Approve long-range master plans (e.g., facility, financial, etc.).	7	98	1	5	8	73	8	3	6	17	26	39
13. Search and negotiate for investment capital.	28	76	1	38	9	19	8	21	16	8	7	17
14. Approve your group's operating budget.	9	95	0	8	6	73	4	6	13	13	20	35
15. Develop, review, and/or revise standard operating procedures for:												
a. Delivering patient care.	12	93	1	8	35	32	9	0	3	16	28	42
b. Physician personnel administration.	9	96	0	9	44	33	2	0	6	9	26	51
c. Non-physician personnel administration.	1	104	1	91	2	4	2	15	39	24	11	7
d. Utilization control (non-physician).	20	85	1	72	2	3	4	20	25	21	6	8

TABLE MD-2 (CONTINUED--4 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
15. Continued.												
e. Cost controls	1	104	0	77	6	11	4	15	22	29	15	14
f. Billing and collecting	2	103	0	95	0	3	4	35	37	14	7	2
g. Interacting and dealing with outside agencies	2	103	1	76	12	7	1	26	21	24	12	12
h. Gathering, processing, and evaluating information important to your group.	2	100	2	68	15	5	6	15	20	30	14	17
16. Approve standard operating procedures (new or revised) for:												
a. Delivering patient care.	12	93	0	1	35	44	11	0	3	20	29	37
b. Physician personnel administration.	8	97	0	4	34	52	3	0	4	19	26	39
c. Non-physician personnel administration	3	101	0	77	1	21	1	13	30	25	12	4
d. Utilization control (non-physician)	13	90	0	70	3	15	2	21	33	20	8	4
e. Cost controls	2	103	0	69	4	25	2	17	30	25	15	9
f. Billing and collecting	2	103	0	78	1	16	6	36	27	16	10	5
g. Interacting and dealing with outside agencies	5	100	0	56	11	26	1	13	34	20	12	12
h. Gathering, processing, and evaluating information important to your group.	6	99	1	57	13	17	2	8	19	30	15	19

TABLE MD-2 (CONTINUED--5 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
17. Enforce adherence to standard operating procedures by:												
a. Physician members (participating).	15	90	0	2	42	43	0	0	5	8	29	47
b. Physician employees (salaried).	8	97	0	14	43	35	1	4	4	13	29	42
c. Nurses and medical technicians	4	101	0	62	14	11	9	11	20	29	24	12
d. Receptionists, clerks, and maintenance personnel	1	104	1	94	2	1	4	27	42	12	8	5
e. Administrative staff	2	102	0	64	7	27	0	19	25	20	15	15
18. Develop physician staffing plans.	12	93	0	8	36	38	6	0	4	17	24	41
19. Develop non-physician staffing plans	10	95	0	83	3	5	3	16	33	20	13	7
20. Approve staffing plans.	14	91	0	12	15	58	1	2	5	21	31	24
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:												
a. Physician members (participating)	29	75	0	2	31	36	3	1	1	13	16	41
b. Physician employees (salaried)	25	79	0	4	34	32	4	3	3	16	16	37
c. Nurses and medical technicians	5	100	0	57	9	16	12	17	20	23	23	12
d. Receptionists, clerks, and maintenance personnel	4	101	0	92	1	2	2	34	35	17	4	5
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:												
a. Physician members (participating)	27	78	0	1	22	50	2	0	4	11	22	37

TABLE MD-2 (CONTINUED--6 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
22. Continued.												
b. Physician employees (salaried)	23	82	0	3	25	48	3	1	4	12	21	41
c. Nurses and medical technicians.	6	99	1	50	13	25	7	16	18	27	18	14
d. Receptionists, clerks, and maintenance personnel.	4	101	0	87	2	10	0	30	34	17	9	4
e. Administrative staff.	4	101	0	53	8	32	2	20	24	16	16	17
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:												
a. Physician members (participating)	7	97	0	8	21	59	7	3	6	14	25	42
b. Physician employees (salaried)	5	99	0	8	26	55	7	3	7	16	23	42
c. Nurses and medical technicians	4	100	0	70	3	17	5	18	26	30	12	7
d. Receptionists, clerks, and maintenance personnel	2	102	0	83	2	13	1	31	33	19	5	7
24. Approve payment plans/salary schedules and benefits (new or revised) for:												
a. Physician members (participating)	8	96	0	3	11	72	7	3	5	11	26	43
b. Physician employees (salaried)	6	98	0	4	12	71	8	3	6	12	26	43
c. Nurses and medical technicians	5	99	0	39	5	48	1	11	21	28	12	17
d. Receptionists, clerks, and maintenance personnel	3	101	0	52	2	42	0	17	36	20	8	11
e. Administrative staff	1	103	0	37	2	53	3	11	29	16	15	21

TABLE MD-2 (CONTINUED--7 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
25. Recruit the following to fill openings in your organization:												
a. Physician members (participating)	9	95	1	13	35	28	15	2	5	12	18	50
b. Physician employees (salaried)	6	98	1	16	36	26	15	3	5	15	16	51
c. Nurses and medical technicians	4	100	0	78	3	4	11	33	20	18	11	8
d. Receptionists, clerks, and maintenance personnel	3	114	0	87	1	2	9	49	29	10	0	4
26. Negotiate salary and benefit contracts with organized groups of personnel.	55	49	1	35	2	4	6	13	14	7	4	7
27. Approve contracts with organized groups of personnel	55	49	0	13	2	29	4	7	8	13	8	10
28. Approve appointment/hiring of:												
a. Physician members (participating)	8	97	0	1	15	67	11	1	1	15	25	48
b. Physician employees (salaried)	6	99	0	2	18	67	10	0	2	15	25	50
c. Nurses and medical technicians	4	101	0	65	10	15	8	21	24	21	18	10
d. Receptionists, clerks, and maintenance personnel	3	102	2	82	4	8	4	39	32	14	5	5
e. Administrative staff	1	103	0	48	5	40	4	20	22	16	15	23
29. Approve end of probationary appointments for physicians	19	86	0	1	16	54	12	1	1	17	20	40
30. Negotiate contracts with physicians who wish to join the group.	7	98	0	16	35	37	6	1	7	15	21	48

TABLE MD-2 (CONTINUED--8 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
31. Orient and train new personnel:												
a. Physician members (participating)	20	84	1	5	43	20	9	0	7	18	20	37
b. Physician employees (salaried)	13	92	1	7	49	21	9	0	8	20	20	41
c. Nurses and medical technicians	5	100	1	48	10	2	34	29	32	13	12	7
d. Receptionists, clerks, and maintenance personnel	3	102	0	82	0	2	15	50	40	10	0	2
32. Survey the job satisfaction of:												
a. Physician members (participating)	32	73	0	2	40	25	2	0	4	6	21	40
b. Physician employees (salaried)	26	79	0	2	44	25	2	0	5	7	21	44
c. Nurses and medical technicians	18	87	0	56	5	6	17	25	30	15	7	6
d. Receptionists, clerks, and maintenance personnel	16	89	0	69	1	2	12	43	30	8	1	2
e. Administrative staff	14	90	0	53	9	19	2	30	18	12	9	15
33. Conduct job performance evaluations for:												
a. Physician members (participating)	46	58	0	3	27	20	5	0	2	13	9	31
b. Physician employees (salaried)	38	66	0	3	29	22	7	2	2	12	11	36
c. Nurses and medical technicians	20	85	0	53	8	2	17	23	24	20	5	7
d. Receptionists, clerks, and maintenance personnel	15	90	0	76	0	1	9	39	29	9	1	4
e. Administrative staff	18	87	0	54	6	18	4	20	23	12	7	17

TABLE MD-2 (CONTINUED--9 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
34. Approve promotions of:												
a. Physician members (participating)	43	60	0	0	15	37	6	2	2	9	15	29
b. Physician employees (salaried)	26	76	0	2	17	49	6	2	5	13	20	32
c. Nurses and medical technicians	7	96	0	55	10	17	10	22	23	22	12	11
d. Receptionists, clerks, and maintenance personnel	4	99	0	83	1	8	3	37	30	15	6	3
e. Administrative staff	2	100	0	54	2	37	2	21	23	17	15	17
35. Approve dismissals and terminations of:												
a. Physician employees (salaried).	6	96	0	2	22	62	8	4	2	9	21	55
b. Nurses and medical technicians	7	95	0	59	9	17	6	21	20	16	10	22
c. Receptionists, clerks, and maintenance personnel	3	99	1	85	2	8	2	40	24	13	5	7
d. Administrative staff	4	97	0	53	3	35	2	19	17	17	16	22
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	18	85	0	9	26	46	2	2	4	9	19	45
37. Interpret group policy and clarify procedures for staff and employees.	3	99	0	46	24	22	2	7	13	28	17	28
38. Counsel, to assist with personal problems:												
a. Physician members (participating).	32	70	1	8	45	11	3	2	0	15	19	30
b. Physician employees (salaried)	30	85	1	9	46	10	2	3	1	14	20	29

TABLE MD-2 (CONTINUED--10 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
38. Continued.												
c. Nurses and medical technicians	23	79	1	58	11	2	6	15	24	15	13	6
d. Receptionists, clerks, and maintenance personnel	20	82	0	68	6	1	4	26	31	6	7	4
39. Mediate/arbitrate interpersonal problems:												
a. Among physicians	14	88	1	4	62	16	1	2	3	10	8	60
b. Among nurses and medical technicians	11	91	1	66	9	2	12	19	26	19	12	10
c. Among receptionists, clerks, and maintenance personnel	9	93	1	81	2	1	8	42	28	8	3	5
d. Among administrative staff	10	91	1	63	8	14	0	27	20	12	10	13
e. Between physicians and nurses	14	88	2	31	35	11	4	7	11	20	20	26
f. Between physicians and administrators	13	89	1	4	54	26	1	3	4	9	14	54
40. Discipline:												
a. Physician members (participating)	24	78	2	0	32	40	2	2	3	9	21	40
b. Physician employees (salaried)	20	82	1	2	39	36	1	3	3	5	20	47
c. Nurses and medical technicians	7	95	1	59	10	6	15	17	25	22	11	9
d. Receptionists, clerks, and maintenance personnel	4	98	1	82	3	2	10	42	28	11	3	5
e. Administrative staff	7	95	0	59	5	26	1	24	20	17	13	13

TABLE MD-2 (CONTINUED--11 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
41. Secure liability insurance coverage for your group and/or your physicians.	2	100	0	74	8	11	5	16	22	15	10	27
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	35	67	1	49	4	4	5	14	13	12	12	13
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	2	100	1	83	6	2	4	20	26	27	12	9
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	12	90	0	38	37	6	5	5	13	17	15	32
45. Represent the group or individual physicians in court appearance on collection cases.	41	61	0	40	3	0	17	33	9	7	2	4
46. Represent the group or individual physicians in court appearances on malpractice litigation.	44	58	1	6	12	8	29	20	4	9	10	13
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	71	39	4	4	15	2	8	6	8	9	1	6
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	19	83	1	47	17	6	7	16	17	17	12	15
49. Represent your group at health care workshops and meetings.	14	88	2	34	27	4	10	13	12	23	19	15
50. Represent your group in civic matters and projects.	20	82	3	32	23	8	8	10	10	22	17	15
51. Participate in public health education efforts.	23	79	6	4	29	9	27	7	15	22	13	16
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.	33	69	4	16	20	6	14	5	8	15	16	20

TABLE MD-2 (CONTINUED--12 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
53. Work with the news media in releasing public and civic interest stories.	37	68	4	32	14	2	13	13	9	16	13	13
54. Negotiate medical services covered under health care contracts with organized consumer groups.	46	59	1	30	12	7	4	6	7	13	8	21
55. Negotiate fees or prices for health care contracts with organized consumer groups.	50	55	1	32	8	10	1	8	9	12	7	15
56. Approve contracts with organized consumer groups.	49	56	1	10	7	32	2	6	5	10	11	18
57. Settle grievances with industrial or group accounts...........	40	65	1	47	6	4	4	15	10	14	10	12
58. Work with third party payors to assure efficient collections for the group.	10	94	0	85	1	2	3	38	15	15	11	5

TABLE MD-3

Frequency Distribution of Medical Directors' Responses to Decision Table

Included in the survey questionnaire was the Decision Table. The Decision Table consisted of a number of hypothetical changes that might be made in a medical group practice. After reviewing the list, the medical director indicated the person or group who would have final authority in making the decision before the change would be made. The medical director also indicated all those persons or groups who would participate in the decision. The frequencies of these responses are presented in Table MD-3.

TABLE MD-3

FREQUENCY DISTRIBUTION OF MEDICAL DIRECTORS' RESPONSES TO DECISION TABLE

1. Final authority for decision
   a. Initiate a new patient education program for diabetics:

Governing body.	36
Medical director.	19
Administrator	2
Medical department head	18
Non-medical department supervisor	0
Individual physician.	16
Other	4

   b. Setting the fee schedules for the clinic:

Governing body.	73
Medical director.	13
Administrator	6
Medical department head	1
Non-medical department supervisor	0
Individual physician.	5
Other	2

   c. Change in the level of remuneration for an individual physician member (participating):

Governing body.	72
Medical director.	10
Administrator	5
Medical department head	2

TABLE MD-3 (CONTINUED--2 OF 15)

1. c. (Continued)

Non-medical department supervisor	0
Individual physician	1
Other	9

d. Change in the hours of clinic service:

Governing body	68
Medical director	10
Administrator	13
Medical department head	3
Non-medical department supervisor	0
Individual physician	0
Other	7

e. Establish a new cost finding system for the clinic:

Governing body	37
Medical director	4
Administrator	55
Medical department head	1
Non-medical department supervisor	0
Individual physician	0
Other	4

f. Redecorate and refurnish the clinic waiting room:

Governing body	51
Medical director	5

TABLE MD-3 (CONTINUED--3 OF 15)

1. f. (Continued)

Administrator	34
Medical department head	0
Non-medical department supervisor	0
Individual physician.	0
Other	7

----

g. Business insurance decisions for the group (e.g., liability insurance not fringe benefits):

Governing body.	63
Medical director.	3
Administrator	27
Medical department head	1
Non-medical department supervisor	0
Individual physician.	0
Other	6

----

h. Termination of a non-physician professional person:

Governing body.	25
Medical director.	7
Administrator	62
Medical department head	1
Non-medical department supervisor	2
Individual physician.	0
Other	2

TABLE MD-3 (CONTINUED--4 OF 15)

1. (Continued)
   i. Approval of a feasibility study on a partial pre-paid medical program in the group:

Governing body.	69
Medical director.	4
Administrator	15
Medical department head	1
Non-medical department supervisor	1
Individual physician.	0
Other	5

----

   j. Routine work assignment scheduling for clerical personnel in business office:

Governing body.	1
Medical director.	1
Administrator	81
Medical department head	0
Non-medical department supervisor	14
Individual physician.	0
Other	3

****

2. Persons who participate in decision
   a. Initiate a new patient education program for diabetics:
      (1) Governing body:

No.	92
Yes	12

TABLE MD-3 (CONTINUED--5 OF 15)

2. a. (Continued)
(2) Medical director:

No.	66
Yes	39

(3) Administrator:

No.	64
Yes	41

(4) Medical department head:

No.	64
Yes	41

(5) Non-medical department supervisor:

No.	91
Yes	14

(6) Individual physician:

No.	57
Yes	48

(7) Other:

No.	95
Yes	10

b. Setting the fee schedules for the clinic:
(1) Governing body:

No.	96
Yes	9

TABLE MD-3 (CONTINUED--6 OF 15)

2. b. (Continued)

(2) Medical director:

No.	51
Yes	54

(3) Administrator:

No.	32
Yes	73

(4) Medical department head:

No.	74
Yes	31

(5) Non-medical department supervisor:

No.	102
Yes	3

(6) Individual physician:

No.	65
Yes	40

(7) Other:

No.	94
Yes	11

c. Change in the level of remuneration for an individual physician member (participating):

(1) Governing body:

No.	97
Yes	8

TABLE MD-3 (CONTINUED--7 OF 15)

2. c. (Continued)
(2) Medical director:

No.	54
Yes	51

(3) Administrator:

No.	64
Yes	41

(4) Medical department head:

No.	81
Yes	24

(5) Non-medical department supervisor:

No.	105
Yes	0

(6) Individual physician:

No.	74
Yes	31

(7) Other:

No.	101
Yes	4

d. Change in the hours of clinic service:
(1) Governing body:

No.	94
Yes	12

TABLE MD-3 (CONTINUED--8 OF 15)

2. d. (Continued)
(2) Medical director:

	No.	46
	Yes	59

(3) Administrator:

	No.	41
	Yes	64

(4) Medical department head:

	No.	77
	Yes	28

(5) Non-medical department supervisor:

	No.	89
	Yes	16

(6) Individual physician:

	No.	70
	Yes	35

(7) Other:

	No.	99
	Yes	6

e\. Establish a new cost finding system for the clinic:
(1) Governing body:

	No.	84
	Yes	21

TABLE MD-3 (CONTINUED--9 OF 15)

2. e. (Continued)
(2) Medical director:

No.	57
Yes	48

(3) Administrator:

No.	64
Yes	41

(4) Medical department head:

No.	94
Yes	11

(5) Non-medical department supervisor:

No.	89
Yes	16

(6) Individual physician:

No.	94
Yes	11

(7) Other:

No.	101
Yes	4

f. Redecorate and refurnish the clinic waiting area:
(1) Governing body:

No.	85
Yes	20

TABLE MD-3 (CONTINUED--10 OF 15)

2. f. (Continued)
(2) Medical director:

No.	65
Yes	40

(3) Administrator:

No.	49
Yes	56

(4) Medical department head:

No.	93
Yes	12

(5) Non-medical department supervisor:

No.	90
Yes	15

(6) Individual physician:

No.	90
Yes	15

(7) Other:

No.	100
Yes	5

g. Business insurance decisions for the group (e.g., liability insurance, not fringe benefits):
(1) Governing body:

No.	85
Yes	20

TABLE MD-3 (CONTINUED--11 OF 15)

2. g. (Continued)
(2) Medical director:

No.	52
Yes	53

(3) Administrator:

No.	50
Yes	55

(4) Medical department head:

No.	100
Yes	5

(5) Non-medical department supervisor:

No.	102
Yes	3

(6) Individual physician:

No.	91
Yes	14

(7) Other:

No.	98
Yes	7

h. Termination of a non-physician professional person:
(1) Governing body:

No.	88
Yes	17

TABLE MD-3 (CONTINUED--12 OF 15)

2. h. (Continued)
(2) Medical director:

No.	63
Yes	42

(3) Administrator:

No.	78
Yes	27

(4) Medical department head:

No.	87
Yes	18

(5) Non-medical department supervisor:

No.	82
Yes	23

(6) Individual physician:

No.	94
Yes	11

(7) Other:

No.	101
Yes	3

i. Approval of a feasibility study on a partial pre-paid medical program in the group:
(1) Governing body:

No.	90
Yes	15

TABLE MD-3 (CONTINUED--13 OF 15)

2. I. (Continued)
(2) Medical director:

No.	48
Yes	57

(3) Administrator:

No.	43
Yes	62

(4) Medical department head:

No.	90
Yes	15

(5) Non-medical department supervisor:

No.	96
Yes	9

(6) Individual physician:

No.	88
Yes	17

(7) Other:

No.	100
Yes	5

TABLE MD-3 (CONTINUED--14 OF 15)

2. (Continued)
   j. Routine work assignment scheduling for clerical personnel in business office:

(1) Governing body:

No.	95
Yes	10

(2) Medical director:

No.	92
Yes	13

(3) Administrator:

No.	96
Yes	9

(4) Medical department head:

No.	104
Yes	1

(5) Non-medical department head:

No.	81
Yes	24

(6) Individual physician:

No.	101
Yes	4

(7) Other:

No.	104
Yes	2

TABLE MD-3 (CONTINUED--15 OF 15)

2. (Continued)
   j. Routine work assignment scheduling for clerical personnel in business office:
      (1) Governing body:

No.

Yes

----

(2) Medical director:

No.

Yes

----

(3) Administrator:

No.

Yes

----

(4) Medical department head:

No.

Yes

----

(5) Non-medical department head:

No.

Yes

----

(6) Individual physician:

No.

Yes

----

(7) Other:

No.

Yes

TABLE MD-4

Frequency Distribution of Medical Directors' Responses to Critical Tasks

Included in the survey questionnaire was the Critical Tasks Section. In this section, the medical director listed the five most important tasks that he performed as a medical director. Later, these tasks were content analyzed using a functional task analysis adapted from procedures developed by Fine (1955, 1965, 1971). The frequencies of responses in each functional category are presented in Table MD-4.

TABLE MD-4

Frequency Distribution of Medical Directors' Responses to Critical Tasks

1. First most important task
   a. Data:

(1) No significant relationship	0
(2) No significant relationship	
(3) Comparing	0
(4) Copying	1
(5) Computing	0
(6) Compiling	9
(7) Analyzing	12
(8) Coordinating	11
(9) Synthesizing	0

   b. People:

(1) No significant relationship	0
(2) Serving	1
(3) Speaking--Signaling	1
(4) Persuading	5
(5) Diverting	1
(6) Supervising	13
(7) Instructing	2
(8) Negotiating	27
(9) Mentoring	1

TABLE MD-4 (CONTINUED--2 OF 5)

2. Second most important task
   a. Data:

(1) No significant relationship	0
(2) No significant relationship	
(3) Comparing	0
(4) Copying	0
(5) Computing	2
(6) Compiling	16
(7) Analyzing	10
(8) Coordinating.	2
(9) Synthesizing.	0

b. People:

(1) No significant relationship	1
(2) Serving	1
(3) Speaking--Signaling	0
(4) Persuading.	12
(5) Diverting	1
(6) Supervising	13
(7) Instructing	3
(8) Negotiating	22
(9) Mentoring	0

TABLE MD-4 (CONTINUED--3 OF 5)

3. Third most important task
   a. Data:

(1) No significant relationship	1
(2) No significant relationship	
(3) Comparing	0
(4) Copying	0
(5) Computing	1
(6) Compiling	12
(7) Analyzing	12
(8) Coordinating.	3
(9) Synthesizing.	0

   b. People

(1) No significant relationship	0
(2) Serving	0
(3) Speaking--Signaling	1
(4) Persuading.	9
(5) Diverting	0
(6) Supervising	12
(7) Instructing	2
(8) Negotiating	30
(9) Mentoring	0

TABLE MD-4 (CONTINUED--4 OF 5)

4. Fourth most important task
   a. Data:

(1) No significant relationship	1
(2) No significant relationship	
(3) Comparing	0
(4) Copying	0
(5) Computing	0
(6) Compiling	10
(7) Analyzing	14
(8) Coordinating.	5
(9) Synthesizing.	0

----

   b. People:

(1) No significant relationship	0
(2) Serving	1
(3) Speaking--Signaling	2
(4) Persuading.	10
(5) Diverting	2
(6) Supervising	8
(7) Instructing	1
(8) Negotiating	16
(9) Mentoring	0

TABLE MD-4 (CONTINUED--5 OF 5)

5. Fifth most important task
   a. Data:

(1)	No significant relationship	0
(2)	No significant relationship	
(3)	Comparing	0
(4)	Copying	1
(5)	Computing	0
(6)	Compiling	9
(7)	Analyzing	8
(8)	Coordinating	2
(9)	Synthesizing	0

b. People:

(1)	No significant relationship	0
(2)	Serving	1
(3)	Speaking--Signaling	2
(4)	Persuading	15
(5)	Diverting	2
(6)	Supervising	6
(7)	Instructing	1
(8)	Negotiating	13
(9)	Mentoring	0

TABLE MD-5

Percentage of Medical Directors' Responses By Size and Payment Mechanism--Organizational and Biographical Data

Part of the survey questionnaire included biographical and organizational questions. The Medical Directors' answers to these questions were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical directors' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service. Table MD-5 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each response category. For each response category, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups.

For example, 11% of medical directors from medium, prepaid groups were born between 1906 and 1910 (1a); 8% of medical directors from medium fee for service groups were born between 1916 and 1920 (1a).

TABLE MD-5

PERCENTAGE OF MEDICAL DIRECTORS' RESPONSES BY SIZE AND PAYMENT MECHANISM
-ORGANIZATIONAL AND BIOGRAPHICAL DATA-

	Small	Medium	Large
Number of respondents			
Lay administrator only	57	39	53
	62	38	28
Medical director only	2	0	0
	1	0	0
Governing body chairperson only	2	0	0
	0	0	0
Lay administrator and medical director	6	15	11
	5	6	4
Lay administrator and governing body chairperson	26	19	16
	26	45	48
Medical director and governing body chairperson	0	0	0
	0	0	0
Lay administrator, medical director, and governing body chairperson	8	27	21
	6	12	20

****

I. Biographical
  1. Year of birth and medical background information
    a. Year born:

	Small	Medium	Large
1901--1905	0	0	17
	0	8	0
1906--1910	0	11	0
	0	8	17
1911--1915	0	11	0
	0	17	17
1916--1920	50	22	33
	4	8	0
1921--1925	0	11	0
	22	0	17
1926--1930	50	11	33
	22	17	50
1931--1935	0	33	17
	30	8	0
1936--1940	0	0	0
	17	25	0
1941--1945	0	0	0
	4	8	0

TABLE MD-5 (CONTINUED--2 OF 7)

1. (Continued)
    b. Medical specialty:

	Small	Medium	Large
Anesthesiology	0	0	0
	0	0	0
Colon and rectal surgery	0	0	0
	0	0	17
Dermatology.	0	0	0
	0	0	0
Family practice.	0	0	0
	35	19	0
Internal medicine.	0	20	0
	24	13	33
Neurological surgery	0	0	0
	0	0	0
Nuclear medicine	0	0	0
	0	0	0
Obstetrics-Gynecology.	0	10	50
	0	6	17
Opthalmology	0	10	0
	3	0	0
Orthopedic surgery	20	0	0
	7	6	0
Otolaryngology	20	0	0
	3	0	17
Pathology.	0	10	0
	0	0	0
Pediatrics	0	10	0
	3	19	0
Physical medicine and rehabilitation	0	0	0
	0	0	0
Plastic surgery.	20	0	0
	0	0	0
Preventive medicine.	0	0	0
	0	0	0
Psychiatry and neurology	0	0	0
	7	0	0
Radiology.	0	0	0
	3	13	0
Surgery.	40	40	0
	10	25	0
Thoracic surgery	0	10	50
	0	0	0
Urology.	0	0	0
	3	0	17

TABLE MD-5 (CONTINUED--3 OF 7)

1. (Continued)
   c. Years practiced medicine:

1--5	17	0	0
	0	6	0
6--10	0	10	0
	15	17	0
11--15	0	20	20
	24	17	17
16--20	0	30	20
	18	17	17
21--25	33	10	0
	15	11	17
26--30	33	10	20
	15	11	17
31--35	17	0	20
	9	11	0
36--40	0	0	20
	3	6	33
41--45	0	20	0
	0	0	0
46--50	0	0	0
	0	6	0

   d. Years of practice before becoming medical director:

1--5	20	11	25
	23	6	0
6--10	0	11	0
	20	39	0
11--15	20	22	25
	23	17	17
16--20	0	44	25
	17	17	50
21--25	60	0	25
	10	11	17
26--30	0	11	0
	3	11	0
31--35	0	0	0
	3	0	0
36--40	0	0	0
	0	0	17

TABLE MD-5 (CONTINUED--4 OF 7)

1. (Continued)
e. Years as medical director:

	Small	Medium	Large
1--3	20	44	0
	47	56	60
4--6	40	33	67
	34	11	0
7--9	0	0	0
	3	11	20
10--12	40	0	33
	6	0	0
13--15	0	0	0
	6	6	0
16--18	0	0	0
	0	6	0
19--21	0	0	0
	3	11	20
22--24	0	0	0
	0	0	0
25--27	0	11	0
	0	0	0
28--29	0	11	0
	0	0	0

****

II. Organizational information
2. Governing body of organization:

	Small	Medium	Large
Association	83	50	50
	49	57	50
Board of directors/trustees/regents	0	0	0
	0	5	0
Executive/management committee. . .	17	30	50
	6	24	50
Foundation.	0	10	0
	23	5	0
Founder/sole proprietorship	0	0	0
	0	0	0
Partnership	0	0	0
	6	0	0
Stockholders.	0	0	0
	6	0	0
Other	0	10	0
	11	11	0

****

TABLE MD-5 (CONTINUED--5 OF 7)

	Small	Medium	Large
3. Medical director is selected by:			
By virtue of being founder.	17	0	0
	0	10	0
Election by the governing body.	50	50	50
	40	40	50
Election by the partners, associates, etc.. .	0	30	33
	37	45	33
Rotation among the governing body	0	0	0
	3	0	0
Rotation among the partners, associates, etc.	17	0	0
	9	0	0
Rotation among the physician department heads	0	0	0
	0	0	0
Seniority	0	0	0
	0	0	0
Other	17	20	17
	11	5	17
************************			
4. Authority and duties of medical director defined in written statement such as a job description:			
No.	50	70	50
	79	60	33
Yes	50	30	50
	21	40	67
************************			
5. Position of medical director considered to be:			
Full-time	0	20	67
	9	21	17
Part-time	100	80	33
	91	79	83
************************			
6. Percentage of medical director's time for: a. Seeing patients:			
0	0	0	0
	0	5	17
1--10	33	0	50
	6	5	33
11--20	0	0	17
	0	5	0
21--30	0	10	0
	0	0	0
31--40	0	10	0
	0	5	17
41--50	0	0	33
	3	0	17
51--60	1	10	0
	3	0	0

TABLE MD-5 (CONTINUED--6 OF 7)

		Small	Medium	Large
6. a. (Continued)				
	61--70	0	10	0
		0	5	0
	71--80	2	20	0
		14	35	0
	81--90	0	20	0
		34	25	17
	91--100	1	20	0
		40	15	0
b. Medical director responsibilities:				
	0	0	0	0
		0	0	0
	1--10	20	40	17
		80	35	33
	11--20	40	0	0
		9	40	0
	21--30	40	40	0
		3	5	0
	31--40	0	10	0
		3	0	0
	41--50	0	0	33
		3	0	17
	51--60	0	0	0
		0	5	17
	61--70	0	10	0
		0	0	0
	71--80	0	0	0
		0	10	0
	81--90	0	0	50
		3	0	17
	91--100	0	0	0
		0	5	17
c. Other:				
	0	25	60	67
		73	75	67
	1--10	25	30	17
		18	20	17
	11--20	0	0	0
		6	0	0
	21--30	25	10	0
		0	5	0
	31--40	0	0	0
		0	0	0

TABLE MD-5 (CONTINUED--7 OF 7)

6. c. (Continued)

	Small	Medium	Large
41--50	0	0	0
	0	0	0
51--60	0	0	0
	3	0	0
61--70	25	0	0
	0	0	0
71--80	0	0	17
	0	0	0
81--90	0	0	0
	0	0	17
91--100	0	0	0
	0	0	0

****

7. Lay administrator's organizational relationship to the medical director:

Lay administrator works with medical director as equal	33	30	50
	29	44	17
Lay administrator reports to medical director.	67	50	50
	63	39	83
Medical director reports to administrator.	0	0	0
	0	11	0
Other.	0	20	0
	9	6	0

****

8. Presence of a quality review mechanism in group:

No.	38	18	50
	64	42	29
Yes	62	82	50
	36	58	71

****

TABLE MD-6

Percentage of Medical Directors' Responses by Size and Payment Mechanism--Task Performance (Column 1 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. For each task, the medical directors responded as to whether the task was performed in their medical groups. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the Medical Directors' groups--prepayment or fee for service.

Table MD-6 presents the cross tabulation by size in the three major columns and payment mechanism in two rows for each task. For each task, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups.

For example, 83% of medical directors from small prepaid groups indicated that the task to establish/approve criteria for quality care (10a) was performed in their medical groups; 20% of medical directors from large fee for service groups indicated that this task (10a) was not performed in their medical groups.

TABLE MD-6

PERCENTAGE OF MEDICAL DIRECTORS' RESPONSES BY SIZE AND PAYMENT MECHANISM
-TASK PERFORMANCE (COLUMN 1 OF STANDARD LIST)-

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:						
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	33	67	27	73	17	83
	39	61	27	73	33	67
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	0	100	9	91	0	100
	19	81	18	82	0	100
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	17	83	9	91	17	83
	36	64	27	73	20	80
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:						
a. New medical equipment and procedures.....................................	0	100	9	91	0	100
	0	100	0	100	0	100
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	17	83	0	100	0	100
	0	100	5	95	0	100
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	0	100	9	91	17	83
	19	81	5	95	0	100
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	0	100	0	100	0	100
	0	100	0	100	0	100
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	17	83	9	91	0	100
	19	81	14	86	0	100

TABLE MD-6 (CONTINUED--2 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	0	100	0	100	0	100
	0	100	0	100	17	83
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.	17	83	9	91	17	83
	22	78	41	59	17	83
6. Establish/approve the need to replace existing or purchase additional medical equipment.	0	100	0	100	0	100
	6	94	0	100	0	100
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	0	100	0	100	0	100
	0	100	0	100	0	100
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	0	100	0	100	0	100
	3	97	0	100	0	100
9. Approve purchases of equipment or services costing in excess of $1,000.	0	100	0	100	0	100
	0	100	0	100	0	100
10. Establish/approve:						
a. Criteria for quality care.	17	83	18	82	17	83
	25	75	27	73	20	80
b. Policies governing your group's organizational structure and type.	0	100	0	100	0	100
	3	97	0	100	0	100
c. Policies governing the number and kind of patients that your group will serve.	33	67	9	91	17	83
	31	69	14	86	40	60
d. Policies governing the growth or reduction in the number of physicians in your group.	17	83	0	100	0	100
	3	97	5	95	20	80
e. Policies governing the growth or reduction in the number of administrators in your group.	33	67	9	91	0	100
	17	83	18	82	0	100

TABLE MD-6 (CONTINUED--3 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
10. Continued.						
f. Policies governing the specialty mix of your group's physicians.	60	40	0	100	17	83
	22	78	0	100	20	80
g. Financial policies.	0	100	0	100	0	100
	0	100	0	100	0	100
h. Accounting policies.	0	100	0	100	0	100
	0	100	0	100	0	100
i. Physician personnel policies.	17	83	0	100	0	100
	3	97	5	95	0	100
j. Non-physician personnel policies.	0	100	0	100	0	100
	0	100	0	100	0	100
11. Develop long-range master plans (e.g., facility, financial, etc.).	0	100	9	91	0	100
	11	89	5	95	0	100
12. Approve long-range master plans (e.g., facility, financial, etc.).	0	100	18	82	0	100
	8	92	5	95	0	100
13. Search and negotiate for investment capital.	20	80	27	73	0	100
	36	64	23	77	40	60
14. Approve your group's operating budget.	20	80	9	91	0	100
	11	89	14	86	0	100
15. Develop, review, and/or revise standard operating procedures for:						
a. Delivering patient care.	17	83	18	82	0	100
	8	92	14	86	20	80
b. Physician personnel administration.	33	67	9	91	0	100
	6	94	9	91	20	80
c. Non-physician personnel administration.	0	100	9	91	0	100
	0	100	0	100	0	100
d. Utilization control (non-physician).	0	100	9	91	0	100
	19	81	27	73	40	60

TABLE MD-6 (CONTINUED--4 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
15. Continued.						
e. Cost controls.	0	100	9	91	0	100
	0	100	0	100	0	100
f. Billing and collecting.	0	100	9	91	0	100
	0	100	5	95	0	100
g. Interacting and dealing with outside agencies.	0	100	0	100	0	100
	6	94	0	100	0	100
h. Gathering, processing, and evaluating information important to your group.	0	100	0	100	0	100
	6	94	0	100	0	100
16. Approve standard operating procedures (new or revised) for:						
a. Delivering patient care.	33	67	18	82	0	100
	8	92	14	86	20	80
b. Physician personnel administration.	17	83	9	91	17	83
	6	94	5	95	20	80
c. Non-physician personnel administration.	0	100	9	91	17	83
	3	97	0	100	0	100
d. Utilization control (non-physician).	0	100	9	91	17	83
	11	89	14	86	20	80
e. Cost controls.	0	100	0	100	0	100
	0	100	9	91	0	100
f. Billing and collecting.	0	100	9	91	0	100
	0	100	5	95	0	100
g. Interacting and dealing with outside agencies.	0	100	18	82	0	100
	8	92	0	100	0	100
h. Gathering, processing, and evaluating information important to your group.	0	100	9	91	0	100
	8	92	9	91	0	100

TABLE MD-6 (CONTINUED--5 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
17. Enforce adherence to standard operating procedures by:						
a. Physician members (participating)	17	83	9	91	0	100
	14	86	9	91	40	60
b. Physician employees (salaried)	17	83	9	91	0	100
	6	94	9	91	20	80
c. Nurses and medical technicians	17	83	9	91	0	100
	6	94	0	100	0	100
d. Receptionists, clerks, and maintenance personnel	0	100	9	91	0	100
	0	100	0	100	0	100
e. Administrative staff	0	100	9	91	0	100
	0	100	5	95	0	100
18. Develop physician staffing plans	0	100	9	91	0	100
	8	92	18	82	20	80
19. Develop non-physician staffing plans	0	100	9	91	0	100
	6	94	23	77	0	100
20. Approve staffing plans	0	100	9	91	0	100
	11	89	23	77	20	80
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:						
a. Physician members (participating)	40	60	18	82	17	83
	28	72	32	68	40	60
b. Physician employees (salaried)	20	80	18	82	17	83
	31	69	27	73	20	80
c. Nurses and medical technicians	0	100	9	91	0	100
	6	94	0	100	0	100
d. Receptionists, clerks, and maintenance personnel	0	100	9	91	0	100
	6	94	0	100	0	100
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:						
a. Physician members (participating)	20	80	18	82	17	83
	25	75	36	64	33	67

TABLE MD-6 (CONTINUED--6 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
22. Continued.						
b. Physician employees (salaried)	20	80	18	82	17	83
	25	75	32	68	17	83
c. Nurses and medical technicians	0	100	18	82	0	100
	6	94	5	95	0	100
d. Receptionists, clerks, and maintenance personnel	0	100	18	82	0	100
	3	97	5	95	0	100
e. Administrative staff	0	100	9	91	0	100
	3	97	9	91	0	100
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:						
a. Physician members (participating)	0	100	0	100	0	100
	3	97	9	91	33	67
b. Physician employees (salaried)	0	100	9	91	0	100
	3	97	5	95	17	83
c. Nurses and medical technicians	0	100	9	91	17	83
	3	97	0	100	0	100
d. Receptionists, clerks, and maintenance personnel	0	100	9	91	17	83
	0	100	0	100	0	100
24. Approve payment plans/salary schedules and benefits (new or revised) for:						
a. Physician members (participating)	0	100	0	100	17	83
	3	97	9	91	33	67
b. Physician employees (salaried)	0	100	9	91	17	83
	3	97	5	95	17	83
c. Nurses and medical technicians	0	100	9	91	33	67
	3	97	0	100	0	100
d. Receptionists, clerks, and maintenance personnel	0	100	9	91	33	67
	0	100	0	100	0	100
e. Administrative staff	0	100	0	100	17	83
	0	100	0	100	0	100

TABLE MD-6 (CONTINUED--7 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
25. Recruit the following to fill openings in your organization:						
a. Physician members (participating)	20	80	0	100	0	100
	9	91	5	95	33	67
b. Physician employees (salaried)	20	80	9	91	0	100
	6	94	0	100	17	83
c. Nurses and medical technicians	0	100	9	91	17	83
	3	97	0	100	0	100
d. Receptionists, clerks, and maintenance personnel	0	100	9	91	17	83
	0	100	5	95	0	100
26. Negotiate salary and benefit contracts with organized groups of personnel.	80	20	18	82	33	67
	63	37	50	50	83	17
27. Approve contracts with organized groups of personnel	80	20	27	73	33	67
	60	40	46	54	83	17
28. Approve appointment/hiring of:						
a. Physician members (participating)	0	100	0	100	0	100
	9	91	5	95	33	67
b. Physician employees (salaried)	0	100	9	91	0	100
	6	94	5	95	17	83
c. Nurses and medical technicians	0	100	9	91	17	83
	3	97	0	100	0	100
d. Receptionists, clerks, and maintenance personnel	0	100	18	82	17	83
	0	100	0	100	0	100
e. Administrative staff	0	100	9	91	0	100
	0	100	0	100	0	100
29. Approve end of probationary appointments for physicians	17	83	9	91	0	100
	26	74	5	95	33	67
30. Negotiate contracts with physicians who wish to join the group.	0	100	18	82	17	83
	6	94	0	100	33	67

TABLE MD-6 (CONTINUED--8 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
31. Orient and train new personnel:						
a. Physician members (participating).	40	60	18	82	0	100
	20	80	14	86	33	67
b. Physician employees (salaried).	40	60	9	91	0	100
	14	86	14	86	17	83
c. Nurses and medical technicians.	0	100	9	91	17	83
	3	97	5	95	0	100
d. Receptionists, clerks, and maintenance personnel	0	100	9	91	17	83
	0	100	5	95	0	100
32. Survey the job satisfaction of:						
a. Physician members (participating).	33	67	18	82	17	83
	29	71	32	68	50	50
b. Physician employees (salaried).	33	67	18	82	17	83
	26	74	27	73	17	83
c. Nurses and medical technicians	17	83	27	73	33	67
	17	83	18	82	0	100
d. Receptionists, clerks, and maintenance personnel	17	83	27	73	33	67
	14	86	18	82	0	100
e. Administrative staff	20	80	18	82	17	83
	14	86	18	82	0	100
33. Conduct job performance evaluations for:						
a. Physician members (participating)	60	40	36	64	17	83
	46	54	41	59	67	33
b. Physician employees (salaried)	60	40	27	73	17	83
	43	57	41	59	33	67
c. Nurses and medical technicians	33	67	36	64	17	83
	11	89	27	73	0	100
d. Receptionists, clerks, and maintenance personnel	0	100	27	73	17	83
	9	91	23	77	0	100
e. Administrative staff	17	83	27	73	0	100
	14	86	27	73	0	100

TABLE MD-6 (CONTINUED--9 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
34. Approve promotions of:						
a. Physician members (participating)	67	33	36	64	33	67
	41	59	41	59	50	50
b. Physician employees (salaried)	40	60	27	73	33	67
	21	79	32	68	33	67
c. Nurses and medical technicians	17	83	9	91	17	83
	9	91	0	100	0	100
d. Receptionists, clerks, and maintenance personnel	17	83	9	91	16	83
	3	97	0	100	0	100
e. Administrative staff	20	80	0	100	0	100
	0	100	0	100	0	100
35. Approve dismissals and terminations of:						
a. Physician employees (salaried)	20	80	0	100	0	100
	3	97	9	91	17	83
b. Nurses and medical technicians	20	80	9	91	17	83
	8	97	5	95	17	83
c. Receptionists, clerks, and maintenance personnel	0	100	9	91	17	83
	0	100	5	95	0	100
d. Administrative staff	20	80	0	100	0	100
	3	97	5	95	0	100
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	0	100	9	91	17	83
	27	73	14	86	33	67
37. Interpret group policy and clarify procedures for staff and employees.	0	100	9	91	17	83
	3	97	0	100	0	100
38. Counsel, to assist with personal problems:						
a. Physician members (participating)	40	60	27	73	17	83
	35	65	27	73	50	50
b. Physician employees (salaried)	40	60	27	73	17	83
	38	62	23	77	17	83

TABLE MD-6 (CONTINUED--10 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
38. Continued.						
c. Nurses and medical technicians	20	80	27	73	17	83
	24	76	23	77	17	83
d. Receptionists, clerks, and maintenance personnel	20	80	27	73	17	83
	21	79	18	82	17	83
39. Mediate/arbitrate interpersonal problems:						
a. Among physicians	20	80	9	91	17	83
	21	79	9	91	17	83
b. Among nurses and medical technicians	20	80	9	91	17	83
	15	85	9	91	0	100
c. Among receptionists, clerks, and maintenance personnel.	20	80	9	91	17	83
	12	88	5	95	0	100
d. Among administrative staff	20	80	0	100	17	83
	18	82	5	95	0	100
e. Between physicians and nurses.	20	80	0	100	17	83
	21	79	14	86	0	100
f. Between physicians and administrators	20	80	0	100	17	83
	21	79	9	91	0	100
40. Discipline:						
a. Physician members (participating)	40	60	9	91	0	100
	29	71	18	82	33	67
b. Physician employees (salaried)	40	60	9	91	0	100
	29	71	14	86	17	83
c. Nurses and medical technicians	20	80	9	91	0	100
	6	94	5	95	0	100
d. Receptionists, clerks, and maintenance personnel	20	80	9	91	0	100
	0	100	5	95	0	100
e. Administrative staff.	40	60	9	91	0	100
	6	94	5	95	0	100

TABLE MD-6 (CONTINUED--11 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
41. Secure liability insurance coverage for your group and/or your physicians.	0	100	0	100	0	100
	3	97	5	95	0	100
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	40	60	9	91	33	67
	44	56	50	50	17	83
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	0	100	9	91	0	100
	3	97	0	100	0	100
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	20	80	9	91	0	100
	15	85	14	86	17	83
45. Represent the group or individual physicians in court appearance on collection cases.	40	60	36	64	33	67
	41	59	32	68	50	50
46. Represent the group or individual physicians in court appearances on malpractice litigation.	20	80	46	54	17	83
	53	47	50	50	33	67
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	60	40	82	18	50	50
	76	24	68	32	67	33
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	20	80	9	91	17	83
	32	68	18	82	0	100
49. Represent your group at health care workshops and meetings.	20	80	0	100	0	100
	24	67	5	95	0	100
50. Represent your group in civic matters and projects.	20	80	27	73	0	100
	15	85	27	73	17	83
51. Participate in public health education efforts.	0	100	27	73	33	67
	27	73	36	64	0	100
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.	60	40	18	82	17	83
	35	65	36	64	33	67

TABLE MD-6 (CONTINUED--12 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
53. Work with the news media in releasing public and civic interest stories.	50	50	27	73	17	83
	46	54	41	59	17	83
54. Negotiate medical services covered under health care contracts with organized consumer groups.	17	83	18	83	33	67
	63	37	46	54	50	50
55. Negotiate fees or prices for health care contracts with organized consumer groups.	17	83	36	64	50	50
	63	37	50	50	50	50
56. Approve contracts with organized consumer groups.	17	83	27	73	50	50
	66	34	46	54	50	50
57. Settle grievances with industrial or group accounts.	50	50	9	91	33	67
	54	46	32	68	50	50
58. Work with third party payors to assure efficient collections for the group.	0	100	9	91	17	83
	17	83	5	95	0	100

TABLE MD-7

Percentage of Medical Directors' Responses by Size and Payment Mechanism--Chief Responsibility (Column 2 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in his group, the medical director responded as to who was chiefly responsible for satisfactory performance of the task. This response was made according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not imply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical directors' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

Table MD-7 presents the cross tabulation by size in the three major columns and payment mechanism in two rows for each task. For each task, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 40% of medical directors from small prepaid groups indicated that the governing body (GB) was chiefly responsible for the satisfactory performance of the task to establish/approve criteria for quality care (10a); 33% of medical directors from large fee for service groups indicated that the governing body (GB) was chiefly responsible for the satisfactory performance of the task to establish/approve criteria for quality care (10a).

TABLE MD-7

PERCENTAGE OF MEDICAL DIRECTORS' RESPONSES BY SIZE AND PAYMENT MECHANISMS
-CHIEF RESPONSIBILITY (COLUMN 2 OF STANDARD LIST)-

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:															
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	0	50	25	25	0	0	50	25	13	13	0	40	20	0	40
	0	81	14	0	5	0	50	19	12	19	0	33	0	33	33
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	0	33	50	17	0	0	70	0	0	30	0	50	17	0	33
	0	71	25	4	0	0	35	24	29	12	0	50	0	25	25
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	0	20	60	0	20	0	56	11	33	0	0	40	40	0	20
	0	52	33	10	5	12	31	25	19	12	0	0	0	67	33
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:															
a. New medical equipment and procedures.	0	0	80	0	20	0	40	30	20	10	0	0	17	33	50
	0	23	34	40	3	0	10	24	62	5	0	25	25	25	25
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	0	67	33	0	0	0	82	0	9	9	0	100	0	0	0
	3	89	6	3	0	5	81	10	5	0	0	100	0	0	0
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	0	17	50	17	17	0	60	0	20	20	0	20	40	0	40
	0	70	11	11	7	0	48	33	14	5	0	50	25	25	0
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	0	83	0	0	17	0	82	0	18	0	0	100	0	0	0
	0	92	6	0	3	0	73	23	4	0	0	100	0	0	0
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	0	0	60	40	0	0	0	40	50	10	0	0	67	17	17
	4	11	46	39	0	0	5	26	63	5	0	0	50	50	0

TABLE MD-7 (CONTINUED--2 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	0	50	17	33	0	0	46	0	36	18	0	83	0	17	0
	0	69	9	20	3	0	48	14	38	0	0	10	0	0	0
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.....	0	20	40	0	40	0	40	20	20	20	0	20	40	0	40
	4	23	19	39	15	7	21	21	21	29	0	0	0	0	100
6. Establish/approve the need to replace existing or purchase additional medical equipment.	0	20	60	20	0	0	27	27	36	9	0	17	33	50	0
	3	21	27	46	3	0	14	29	52	5	0	67	0	33	0
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	0	80	0	20	0	0	46	9	46	0	0	83	0	17	0
	0	80	6	14	0	0	62	9	29	0	0	100	0	0	0
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	0	83	17	0	0	0	82	0	18	0	0	100	0	0	0
	0	97	3	0	0	0	90	0	0	10	0	25	0	0	75
9. Approve purchases of equipment or services costing in excess of $1,000.	0	20	40	40	0	0	9	9	82	0	0	0	0	83	17
	0	6	12	82	.0	0	21	11	68	0	0	25	0	50	25
10. Establish/approve:															
a. Criteria for quality care.	0	0	40	40	20	0	0	56	33	11	0	0	60	20	20
	4	4	27	61	4	0	0	47	27	27	0	0	0	33	67
b. Policies governing your group's organizational structure and type.	0	0	33	50	17	0	0	0	82	18	0	0	17	67	17
	0	9	18	73	0	0	10	19	62	10	0	0	0	50	50
c. Policies governing the number and kind of patients that your group will serve.	0	0	75	25	0	0	0	10	80	10	0	0	0	100	0
	0	0	8	88	4	10	10	26	37	16	0	0	0	100	0
d. Policies governing the growth or reduction in the number of physicians in your group.	0	0	40	60	0	0	0	0	82	19	0	0	33	67	0
	0	0	12	82	6	0	0	29	57	14	0	0	0	100	0
e. Policies governing the growth or reduction in the number of administrators in your group.	0	25	25	50	0	0	0	10	80	10	0	33	0	67	0
	0	7	3	83	7	0	29	12	53	6	0	0	0	3	25

TABLE MD-7 (CONTINUED--3 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	.OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
10. Continued.															
f. Policies governing the specialty mix of your group's physicians.	0	0	67	33	0	0	0	18	73	9	0	0	60	20	20
	0	0	19	78	4	0	0	23	59	18	0	0	50	50	0
g. Financial policies.	0	33	17	50	0	0	0	0	91	9	0	17	0	83	0
	0	31	6	60	3	0	18	18	59	5	0	0	0	50	50
h. Accounting policies.	0	100	0	0	0	0	55	0	27	18	0	100	0	0	0
	0	83	0	8	8	0	65	15	15	5	0	100	0	0	0
i. Physician personnel policies.	0	0	40	60	0	0	0	27	55	18	0	0	83	0	17
	0	6	21	70	3	0	5	45	40	10	0	0	0	67	33
j. Non-physician personnel policies.	0	100	0	0	0	0	73	0	27	0	0	100	0	0	0
	3	85	3	6	3	0	82	5	9	5	0	100	0	0	0
11. Develop long-range master plans (e.g., facility, financial, etc.).	0	20	60	20	0	10	20	30	40	0	0	17	17	50	17
	0	31	10	52	7	0	20	15	40	25	0	100	0	0	0
12. Approve long-range master plans (e.g., facility, financial, etc.).	0	17	17	67	0	0	0	0	89	11	0	0	17	83	0
	0	0	3	90	7	5	14	14	48	19	0	0	0	75	25
13. Search and negotiate for investment capital.	0	20	20	40	20	0	50	37	0	13	0	67	0	17	17
	0	50	14	27	9	6	41	6	41	6	0	50	0	50	0
14. Approve your group's operating budget.	0	0	20	80	0	0	0	0	90	10	0	0	0	83	17
	0	10	7	80	3	0	16	5	74	5	0	0	33	67	0
15. Develop, review, and/or revise standard operating procedures for:															
a. Delivering patient care.	0	0	60	40	0	0	0	44	33	22	0	0	67	0	33
	0	10	29	55	7	0	19	50	31	0	0	0	0	100	0
b. Physician personnel administration.	0	0	75	25	0	0	10	40	40	10	0	0	83	0	17
	0	3	39	58	0	0	24	47	29	0	0	0	0	100	0
c. Non-physician personnel administration.	0	100	0	0	0	0	90	0	10	0	0	100	0	0	0
	3	86	3	6	3	0	90	5	0	5	0	100	0	0	0
d. Utilization control (non-physician).	0	100	0	0	0	0	78	0	11	11	0	100	0	0	0
	0	78	4	7	11	6	94	0	0	0	0	100	0	0	0

TABLE MD-7 (CONTINUED--4 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
15. Continued.															
e. Cost controls.	0	67	33	0	0	0	60	0	20	20	0	83	0	17	0
	0	85	6	3	0	0	76	5	19	0	0	100	0	0	0
f. Billing and collecting.	0	100	0	0	0	0	90	0	0	10	0	100	0	0	0
	0	94	0	3	3	0	100	0	0	0	0	100	0	0	0
g. Interacting and dealing with outside agencies.	0	67	17	17	0	0	64	18	9	9	17	33	33	17	0
	0	88	9	3	0	0	81	10	10	0	0	100	0	0	0
h. Gathering processing, and evaluating information important to your group.	0	80	20	0	0	0	40	20	20	20	20	40	40	0	0
	0	84	13	0	3	5	64	18	9	5	0	100	0	0	0
16. Approve standard operating procedures (new or revised) for:															
a. Delivering patient care.	0	0	40	40	20	0	0	33	44	22	0	0	67	0	33
	0	0	28	66	6	0	5	47	37	11	0	0	0	50	50
b. Physician personnel administration.	0	0	80	20	0	0	0	30	70	0	0	0	60	40	0
	0	3	25	72	0	0	10	40	35	15	0	0	0	100	0
c. Non-physician personnel administration.	0	83	0	17	0	0	80	0	20	0	0	80	0	20	0
	0	79	0	18	3	0	82	5	14	0	0	75	0	25	0
d. Utilization control (non-physician).	0	83	0	17	0	0	80	0	20	0	0	100	0	0	0
	0	73	0	20	7	0	79	11	11	0	0	100	0	0	0
e. Cost controls.	0	83	0	17	0	0	73	0	27	0	0	67	0	33	0
	0	71	6	23	0	0	70	5	25	0	0	100	0	0	0
f. Billing and collecting.	0	100	0	0	0	0	70	0	20	10	0	100	0	0	0
	0	78	3	11	8	0	81	0	19	0	0	100	0	0	0
g. Interacting and dealing with outside agencies.	0	67	17	17	0	0	44	11	44	0	0	50	50	0	0
	0	58	7	32	3	0	62	14	24	0	0	100	0	0	0
h. Gathering, processing, and evaluating information important to your group.	0	67	17	17	0	0	44	22	22	11	25	50	0	25	0
	0	72	9	16	3	0	58	26	16	0	0	100	0	0	0

TABLE MD-7 (CONTINUED--5 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
17. Enforce adherence to standard operating procedures by:															
a. Physician members (participating)	0	0	60	40	0	0	0	60	40	0	0	0	50	50	0
	0	3	33	63	0	0	5	58	37	0	0	0	0	100	0
b. Physician employees (salaried)	0	0	80	20	0	0	10	50	40	0	0	17	50	33	0
	0	18	33	49	0	0	16	58	26	0	0	0	50	50	0
c. Nurses and medical technicians	0	40	40	20	0	0	56	11	11	22	0	80	0	0	20
	0	58	21	15	6	0	77	14	9	0	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	83	17	0	0	0	70	0	10	20	0	100	0	0	0
	0	97	0	0	3	0	91	5	0	5	0	100	0	0	0
e. Administrative staff	0	33	17	50	0	0	40	10	50	0	0	100	0	0	0
	0	62	9	29	0	0	62	10	29	0	0	100	0	0	0
18. Develop physician staffing plans	0	0	33	67	0	0	20	50	20	10	0	0	67	17	17
	0	13	25	59	3	0	6	44	31	19	0	50	0	50	0
19. Develop non-physician staffing plans	0	83	0	17	0	0	90	0	10	0	0	100	0	0	0
	0	88	3	3	6	0	82	6	6	6	0	100	0	0	0
20. Approve staffing plans	0	17	17	67	0	0	10	10	70	10	0	17	33	50	0
	0	19	16	65	0	0	7	27	67	0	0	33	33	33	0
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:															
a. Physician members (participating)	0	0	67	33	0	0	0	33	56	11	0	0	80	0	20
	0	0	32	68	0	0	0	47	53	0	0	0	0	100	0
b. Physician employees (salaried)	0	50	25	25	0	0	0	33	44	22	0	0	80	0	20
	0	0	38	62	0	0	6	44	50	0	0	0	0	100	0
c. Nurses and medical technicians	0	67	33	0	0	0	50	0	30	20	0	60	0	0	40
	0	47	13	31	9	0	73	9	14	5	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	80	0	20	0	0	100	0	0	0
	0	94	0	0	6	0	95	5	0	0	0	100	0	0	0
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:															
a. Physician members (participating)	0	0	25	75	0	0	0	11	78	11	0	0	60	40	0
	0	0	27	69	4	0	0	31	69	0	0	0	0	100	0

TABLE MD-7 (CONTINUED--6 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
22. Continued.															
b. Physician employees (salaried)	0	0	25	75	0	0	0	11	67	22	0	0	60	40	0
	0	0	27	69	4	0	0	36	64	0	0	0	50	50	0
c. Nurses and medical technicians	0	60	20	20	0	0	56	0	44	0	0	20	20	20	40
	0	38	25	38	0	0	62	10	19	10	0	60	0	40	0
d. Receptionists, clerks, and maintenance personnel	0	80	0	20	0	0	89	0	11	0	0	83	17	0	0
	0	85	0	15	0	0	90	0	10	0	0	100	0	0	0
e. Administrative staff	0	60	0	40	0	0	40	10	40	10	0	80	20	0	0
	0	52	12	33	3	0	60	5	35	0	0	33	0	67	0
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:															
a. Physician members (participating)	0	0	40	40	20	0	0	27	55	18	0	0	17	67	17
	0	12	9	76	3	0	10	35	50	5	0	0	0	100	0
b. Physician employees (salaried)	0	0	40	40	20	0	0	30	50	20	0	0	50	33	17
	0	12	9	76	3	0	10	38	48	5	0	0	0	100	0
c. Nurses and medical technicians	0	40	20	40	0	0	50	0	50	0	0	100	0	0	0
	0	66	6	25	3	0	95	0	0	5	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	60	0	40	0	0	80	0	20	0	0	100	0	0	0
	0	76	0	21	3	0	95	5	0	0	0	100	0	0	0
24. Approve payment plans/salary schedules and benefits (new or revised) for:															
a. Physician members (participating)	0	0	60	40	0	0	0	0	82	18	0	0	20	60	20
	0	0	9	88	3	0	10	10	70	10	0	0	0	100	0
b. Physician employees (salaried)	0	0	60	40	0	0	0	0	80	20	0	0	20	60	20
	0	0	9	85	6	0	10	14	67	10	0	0	0	100	0
c. Nurses and medical technicians	0	40	20	40	0	0	40	0	50	10	0	33	0	67	0
	0	25	9	66	0	0	57	5	38	0	0	50	0	50	0
d. Receptionists, clerks, and maintenance personnel	0	60	0	40	0	0	50	0	50	0	0	75	0	25	0
	0	46	0	54	0	0	64	5	32	0	0	67	0	33	0
e. Administrative staff	0	60	0	40	0	0	18	0	64	18	0	75	0	25	0
	0	41	0	56	3	0	43	5	52	0	0	33	0	67	0

TABLE MD-7 (CONTINUED--7 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
25. Recruit the following to fill openings in your organization:															
a. Physician members (participating)	0	0	50	25	25	0	27	27	9	36	0	17	50	0	33
	3	19	32	42	3	0	10	30	50	10	0	0	33	33	33
b. Physician employees (salaried)	0	0	50	25	25	0	40	10	10	40	0	17	50	0	33
	3	19	31	41	6	0	10	38	38	14	0	33	33	33	0
c. Nurses and medical technicians	0	60	20	20	0	0	80	0	10	10	0	100	0	0	0
	0	79	3	6	12	0	86	5	0	9	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	80	0	10	10	0	100	0	0	0
	0	91	0	0	9	0	86	5	0	10	0	100	0	0	0
26. Negotiate salary and benefit contracts with organized groups of personnel.	0	100	0	0	0	10	40	10	30	10	0	100	0	0	0
	0	85	0	0	15	0	82	9	0	9	0	0	0	0	0
27. Approve contracts with organized groups of personnel.	0	100	0	0	0	11	11	11	56	11	0	25	0	75	0
	0	21	7	57	14	0	33	0	58	8	0	0	0	0	0
28. Approve appointment/hiring of:															
a. Physician members (participating)	0	0	50	50	0	0	0	0	82	18	0	0	0	100	0
	0	0	16	81	3	0	5	19	52	24	0	0	0	100	0
b. Physician employees (salaried)	0	0	50	50	0	0	0	0	80	20	0	0	0	100	0
	0	0	16	78	6	0	5	24	52	19	0	0	0	100	0
c. Nurses and medical technicians	0	67	17	17	0	0	70	10	20	0	0	80	0	20	0
	0	58	12	27	3	0	64	14	5	18	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	83	0	17	0	0	78	11	11	0	0	80	0	20	0
	0	85	3	9	3	0	77	5	5	14	0	100	0	0	0
e. Administrative staff	0	60	0	40	0	0	30	10	50	10	0	60	0	40	0
	0	58	3	36	3	0	41	9	41	9	0	33	0	67	0
29. Approve end of probationary appointments for physicians.	0	0	20	60	20	0	0	10	70	20	0	0	50	0	50
	0	0	0	96	4	0	0	29	52	19	0	0	0	100	0
30. Negotiate contracts with physicians who wish to join the group.	0	0	50	50	0	0	11	22	33	33	0	0	100	0	0
	0	22	28	44	6	0	18	36	46	0	0	0	33	67	0

TABLE MD-7 (CONTINUED--8 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
31. Orient and train new personnel:															
a. Physician members (participating)	0	0	67	33	0	0	0	50	25	25	0	17	67	0	17
	4	4	52	41	0	0	6	61	22	11	0	0	100	0	0
b. Physician employees (salaried)	0	0	50	50	0	0	10	50	20	20	0	17	67	0	17
	3	3	59	35	0	0	6	61	22	11	0	0	100	0	0
c. Nurses and medical technicians	0	17	33	0	50	0	40	10	10	40	0	75	0	0	25
	3	55	12	0	30	0	48	10	5	38	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	80	0	10	10	0	80	0	0	20
	0	85	0	0	15	0	76	0	0	24	0	100	0	0	0
32. Survey the job satisfaction of:															
a. Physician members (participating)	0	0	75	25	0	0	11	33	33	22	0	0	80	20	0
	0	4	39	57	0	0	0	79	21	0	0	0	67	33	0
b. Physician employees (salaried)	0	0	75	25	0	0	11	33	33	22	0	0	80	20	0
	0	4	42	54	0	0	0	80	20	0	0	0	67	33	0
c. Nurses and medical technicians	0	60	20	0	20	0	87	0	13	0	0	67	0	0	33
	0	71	4	11	14	0	44	11	6	39	0	80	0	0	20
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	87	0	13	0	0	75	0	0	25
	0	89	0	0	11	0	72	6	0	22	0	80	0	0	20
e. Administrative staff	0	75	25	0	0	0	44	11	33	11	0	100	0	0	0
	0	59	11	30	0	0	56	11	28	6	0	33	67	0	0
33. Conduct job performance evaluations for:															
a. Physician members (participating)	0	0	100	0	0	0	14	43	14	29	0	0	75	0	25
	0	6	33	61	0	0	0	54	39	8	0	0	100	0	0
b. Physician employees (salaried)	0	0	100	0	0	0	13	37	25	24	0	0	75	0	25
	0	5	32	63	0	0	0	54	38	8	0	0	100	0	0
c. Nurses and medical technicians	0	25	25	25	25	0	86	0	14	0	0	75	0	0	25
	0	66	10	7	17	0	56	13	0	31	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	87	0	13	0	0	80	0	0	20
	0	93	0	0	7	0	82	0	0	18	0	100	0	0	0
e. Administrative staff	0	60	20	20	0	0	50	13	25	13	0	100	0	0	0
	0	64	7	25	4	0	50	0	37	13	0	33	33	33	0

TABLE MD-7 (CONTINUED--9 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
34. Approve promotions of:															
a. Physician members (participating)	0	0	50	50	0	0	0	0	86	14	0	0	50	25	25
	0	0	26	68	5	0	0	31	61	8	0	0	0	50	50
b. Physician employees (salaried)	0	0	25	75	0	0	0	0	87	13	0	0	50	25	25
	0	0	23	73	4	0	0	27	60	13	0	0	0	100	0
c. Nurses and medical technicians	0	40	40	20	0	0	60	10	20	10	0	50	0	0	50
	0	47	17	27	10	0	68	9	14	9	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	80	0	20	0	0	90	0	10	0	0	60	0	0	40
	0	90	0	10	0	0	91	0	5	5	0	100	0	0	0
e. Administrative staff	0	75	0	25	0	0	36	0	55	9	0	100	0	0	0
	0	55	3	39	3	0	54	0	46	0	0	33	0	67	0
35. Approve dismissals and terminations of:															
a. Physician employees (salaried)	0	0	40	60	0	0	0	18	64	18	0	0	33	50	17
	0	0	16	81	3	0	5	25	55	15	0	0	0	100	0
b. Nurses and medical technicians	0	40	40	20	0	0	70	0	30	0	0	75	0	0	25
	0	48	19	26	7	0	85	5	10	0	0	100	0	0	0
c. Receptionists, clerks, and maintenance personnel	0	83	0	17	0	0	80	0	20	0	20	60	0	0	20
	0	88	3	9	0	0	95	0	5	0	0	100	0	0	0
d. Administrative staff	0	75	0	25	0	0	36	0	55	9	0	100	0	0	0
	0	50	6	41	3	0	60	0	40	0	0	33	0	67	0
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	0	0	50	50	0	0	20	20	50	10	0	0	40	40	20
	0	21	25	54	0	0	11	37	53	0	0	0	0	100	0
37. Interpret group policy and clarify procedures for staff and employees.	0	33	50	17	0	0	20	20	50	10	0	50	50	0	0
	0	69	19	12	0	0	48	24	24	5	0	33	67	0	0
38. Counsel, to assist with personal problems:															
a. Physician members (participating)	0	0	50	50	0	0	0	62	25	13	0	0	100	0	0
	0	19	62	14	5	0	13	62	19	6	0	0	100	0	0
b. Physician employees (salaried)	0	0	50	50	0	0	0	62	25	13	0	0	100	0	0
	0	21	68	11	0	0	18	59	18	6	0	0	100	0	0

TABLE MD-7 (CONTINUED--10 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
38. Continued.															
c. Nurses and medical technicians	0	60	40	0	0	0	75	0	13	13	0	80	0	0	20
	0	68	24	0	8	0	82	6	6	6	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	75	25	0	0	0	75	0	13	13	0	80	0	0	20
	0	85	12	0	4	0	94	6	0	0	0	100	0	0	0
39. Mediate/arbitrate interpersonal problems:															
a. Among physicians	0	0	100	0	0	0	10	60	20	10	0	0	100	0	0
	0	8	64	28	0	5	0	75	20	0	0	0	100	0	0
b. Among nurses and medical technicians	20	60	20	0	0	0	80	0	10	10	0	80	0	0	20
	0	75	14	0	11	0	70	10	5	15	0	100	0	0	0
c. Among receptionists, clerks, and maintenance personnel.	20	80	0	0	0	0	80	0	10	10	0	0	80	0	20
	0	93	3	0	3	0	90	0	0	10	0	100	0	0	0
d. Among administrative staff	0	100	0	0	0	0	60	20	20	0	0	100	0	0	0
	0	69	15	15	0	5	62	10	24	0	0	75	0	25	0
e. Between physicians and nurses	20	0	80	0	0	0	40	30	10	20	0	25	75	0	0
	0	35	50	12	4	5	47	21	21	5	0	50	25	25	0
f. Between physicians and administrators	20	0	80	0	0	0	0	46	46	9	0	0	100	0	0
	0	4	61	35	0	0	10	60	30	0	0	0	75	25	0
40. Discipline:															
a. Physician members (participating).	0	0	33	67	0	9	0	36	46	9	0	0	67	17	17
	0	0	36	64	0	6	0	44	50	0	0	0	33	67	0
b. Physician employees (salaried)	0	0	33	67	0	0	0	60	40	0	0	0	67	17	17
	0	0	48	52	0	5	5	42	47	0	0	0	33	67	0
c. Nurses and medical technicians	25	50	25	0	0	0	70	0	20	10	0	60	0	0	40
	0	63	22	6	9	0	65	5	5	25	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	75	25	0	0	0	80	0	10	10	0	67	0	0	33
	0	91	6	0	3	0	86	0	0	14	0	100	0	0	0
e. Administrative staff	0	67	33	0	0	0	60	10	20	10	0	100	0	0	0
	0	63	9	28	0	0	62	0	38	0	0	50	0	50	0

TABLE MD-7 (CONTINUED--11 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
41. Secure liability insurance coverage for your group and/or your physicians.	0	60	20	20	0	0	73	9	0	18	0	67	17	17	0
	0	73	3	18	6	0	76	10	14	0	0	75	0	0	25
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	0	100	0	0	0	0	90	0	0	10	0	50	25	25	0
	0	72	6	11	11	9	73	18	0	0	0	100	0	0	0
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	0	100	0	0	0	0	80	10	0	10	0	80	20	0	0
	0	88	6	3	3	5	86	5	5	0	0	75	25	0	0
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	0	25	75	0	0	0	30	50	0	20	0	17	83	0	0
	0	59	30	7	4	0	42	37	16	5	0	100	0	0	0
45. Represent the group or individual physicians in court appearance on collection cases.	0	67	0	0	33	0	43	14	0	43	0	25	0	0	75
	0	79	5	0	16	0	67	7	0	27	0	67	0	0	33
46. Represent the group or individual physicians in court appearances on malpractice litigation.	0	25	25	0	50	0	0	67	0	33	0	20	20	0	60
	0	19	13	31	38	0	18	18	18	46	0	0	0	0	100
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	0	50	0	0	50	33	0	67	0	0	33	0	33	0	33
	0	11	56	22	11	14	29	29	0	29	0	0	100	0	0
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	0	75	25	0	0	0	60	40	0	0	33	0	33	33	0
	0	68	14	9	9	0	61	33	0	6	0	75	0	0	25
49. Represent your group at health care workshops and meetings.	0	100	0	0	0	0	55	36	0	9	0	0	100	0	0
	0	48	30	13	9	5	40	30	5	20	0	33	33	0	33
50. Represent your group in civic matters and projects.......	0	50	0	50	0	13	37	37	0	13	20	40	40	0	0
	0	44	26	22	7	7	47	33	0	13	0	0	50	0	50
51. Participate in public health education efforts...........	20	0	40	20	20	0	13	37	0	50	25	0	25	0	50
	0	4	50	25	21	8	8	31	15	38	0	25	0	0	75
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs......	0	100	0	0	0	0	22	56	11	11	25	0	50	0	25
	0	42	26	21	11	8	8	31	8	46	0	0	0	0	100

TABLE MD-7 (CONTINUED--12 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
53. Work with the news media in releasing public and civic interest stories.	0	100	0	0	0	0	37	25	13	25	0	25	25	0	50
	0	68	16	5	11	7	57	21	0	14	0	50	0	0	50
54. Negotiate medical services covered under health care contracts with organized consumer groups.	0	60	40	0	0	0	44	11	33	11	0	67	33	0	0
	0	58	8	25	8	0	64	18	0	18	0	100	0	0	0
55. Negotiate fees or prices for health care contracts with organized consumer groups.	0	40	60	0	0	0	29	14	57	0	0	100	0	0	0
	0	62	8	23	8	0	80	10	10	0	0	100	0	0	0
56. Approve contracts with organized consumer groups.........	0	33	67	0	0	0	0	13	87	0	0	33	0	67	0
	0	18	9	64	9	0	33	17	42	8	0	0	0	100	0
57. Settle grievances with industrial or group accounts......	0	50	50	0	0	0	70	10	20	0	33	67	0	0	0
	0	88	6	0	6	0	73	0	13	13	0	100	0	0	0
58. Work with third party payors to assure efficient collections for the group.	0	100	0	0	0	0	70	0	20	10	0	100	0	0	0
	0	97	0	0	3	0	90	5	0	5	0	100	0	0	0

TABLE MD-8

Percentage of Medical Directors' Responses by Size and Payment Mechanism--Personal Involvement (Column 3 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. The Medical Director indicated the extent of his personal involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical directors' groups--small, medium, large-- and by the payment mechanisms employed by their groups--prepayment or fee for service.

Table MD-8 presents the cross tabulation by size in the three major columns and prepayment mechanism in two rows for each task. For each task, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 60% of medical directors from small prepaid groups indicated that they had "high personal involvement" (5) in the task to establish/approve criteria for quality care (10a); 25% of medical directors from large fee for service groups indicated that they had "no personal involvement" (1) in the task to establish/approve criteria for quality care (10a).

TABLE MD-8

PERCENTAGE OF MEDICAL DIRECTORS' RESPONSES BY SIZE AND PAYMENT MECHANISM
-PERSONAL INVOLVEMENT (COLUMN 3 OF STANDARD LIST)-

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:															
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	0	67	0	33	0	13	25	13	25	25	20	20	20	20	20
	19	38	14	10	19	15	8	31	15	31	25	25	25	25	0
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	40	20	0	20	20	22	44	0	11	22	0	17	50	17	17
	0	44	15	22	19	15	23	31	8	23	0	33	50	0	17
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	25	0	50	25	0	10	0	40	20	30	0	0	40	20	40
	0	35	13	22	30	8	8	17	33	33	0	0	25	50	25
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:															
a. New medical equipment and procedures.	0	0	40	0	60	0	10	30	20	40	0	0	33	50	17
	3	9	35	12	41	0	0	30	40	30	0	17	17	33	33
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	0	0	40	40	20	18	36	9	18	18	0	20	60	20	0
	29	26	12	21	12	22	28	22	11	17	33	17	33	17	0
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	0	60	0	20	20	20	20	20	20	20	0	0	40	40	20
	16	40	12	16	16	24	6	35	12	32	0	67	0	0	33
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	20	0	20	40	20	18	9	27	27	18	17	33	50	0	0
	25	37	16	16	6	15	30	20	20	15	33	33	33	0	0
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).....	0	0	0	50	50	0	10	10	30	50	17	0	17	0	67
	0	12	23	35	31	0	19	13	31	37	0	17	17	33	33

TABLE MD-8 (CONTINUED--2 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
4. **Establish/approve** your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	40	0	0	0	60	9	9	36	18	27	0	50	17	33	0
	17	38	21	15	9	11	21	32	11	26	40	40	0	20	0
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice. ...	20	0	60	0	20	0	20	30	20	30	0	0	20	20	60
	12	23	23	19	23	9	27	36	9	18	0	40	20	0	40
6. **Establish/approve** the need to replace existing or purchase additional medical equipment.	0	40	0	0	60	0	18	27	27	27	17	0	33	17	33
	3	9	38	28	22	5	0	30	35	30	0	50	17	17	17
7. **Establish/approve** the need to replace existing or purchase additional non-medical equipment and/or services...	17	33	0	17	33	18	18	27	9	27	17	0	83	0	0
	12	47	21	12	9	16	16	21	26	21	33	33	17	17	0
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	33	0	17	17	33	36	27	9	0	27	33	17	33	17	0
	39	36	12	3	9	24	29	29	12	6	60	40	0	0	0
9. **Approve** purchases of equipment or services costing in excess of $1,000.	20	20	0	20	40	18	0	36	9	36	0	17	17	33	33
	3	12	27	21	38	11	11	32	16	32	0	20	80	0	0
10. **Establish/approve**:															
a. Criteria for quality care..........................	0	0	0	40	60	0	0	11	22	67	0	0	0	0	100
	0	4	22	19	56	0	7	36	14	43	25	25	25	25	0
b. Policies governing your group's organizational structure and type.	0	17	0	33	50	9	18	0	9	64	0	0	0	20	80
	3	0	18	30	49	0	15	15	30	40	0	0	40	20	40
c. Policies governing the number and kind of patients that your group will serve.	25	0	0	25	50	0	10	10	30	50	0	0	0	75	25
	0	4	20	36	40	0	18	18	24	41	0	33	33	33	0
d. Policies governing the growth or reduction in the number of physicians in your group.	0	0	0	20	80	0	9	0	18	73	0	0	0	20	80
	0	3	13	28	56	0	5	16	37	42	0	0	0	50	50
e. Policies governing the growth or reduction in the number of administrators in your group.	0	25	0	25	50	20	0	10	20	50	0	20	40	0	40
	0	7	14	35	45	13	7	13	33	33	0	20	20	40	20

TABLE MD-8 (CONTINUED--3 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
10. Continued.															
f. Policies governing the specialty mix of your group's physicians.	0	0	0	0	100	10	0	10	10	70	0	0	0	50	50
	0	0	8	35	58	0	11	21	37	32	0	0	25	0	75
g. Financial policies..................................	0	17	17	17	50	9	9	9	27	46	0	0	40	40	20
	0	6	35	24	35	0	22	28	17	33	0	20	20	40	20
h. Accounting policies................................	40	0	20	20	20	27	18	9	9	36	40	0	60	0	0
	18	53	15	9	6	39	22	11	0	28	40	20	0	40	0
i. Physician personnel policies........................	0	20	0	20	60	0	9	0	9	82	0	0	0	20	80
	0	3	9	18	70	0	11	16	26	47	0	0	40	20	40
j. Non-physician personnel policies..................	33	17	0	17	33	27	18	27	9	18	0	40	40	20	0
	15	39	24	15	6	21	37	16	16	11	0	40	60	0	0
11. Develop long-range master plans (e.g., facility, financial, etc.).	0	17	17	0	67	0	11	11	22	56	0	0	25	25	50
	0	7	29	21	43	6	11	17	33	33	0	0	40	20	40
12. Approve long-range master plans (e.g., facility, financial, etc.).	0	17	17	17	50	22	0	0	22	56	0	17	17	0	67
	0	7	27	30	37	6	6	28	33	28	0	0	0	20	80
13. Search and negotiate for investment capital............	25	0	0	0	75	38	13	0	13	38	20	20	20	40	0
	14	33	14	10	29	43	21	7	14	14	67	0	33	0	0
14. Approve your group's operating budget..................	0	20	0	40	40	20	0	0	20	60	0	0	20	40	40
	4	11	25	21	39	6	18	18	18	41	0	0	0	50	50
15. Develop, review, and/or revise standard operating procedures for:															
a. Delivering patient care..............................	0	0	25	0	75	0	0	22	11	67	0	0	0	33	67
	0	3	16	38	44	0	6	18	35	41	0	25	0	75	0
b. Physician personnel administration.	0	0	25	0	75	0	0	10	20	70	0	0	0	33	67
	0	6	6	30	58	0	17	11	33	39	0	0	0	50	50
c. Non-physician personnel administration.............	0	40	20	40	0	20	20	40	0	20	17	17	67	0	0
	15	35	24	21	6	17	39	22	6	17	20	60	20	0	0
d. Utilization control (non-physician).	20	20	40	20	0	11	11	44	0	33	17	0	83	0	0
	21	38	17	14	10	36	21	29	7	7	67	33	0	0	0

TABLE MD-8 (CONTINUED--4 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
15. Continued.															
e. Cost controls	0	20	0	40	40	20	0	10	40	30	20	20	40	20	0
	15	26	32	18	9	17	11	39	11	22	0	40	40	0	20
f. Billing and collecting	25	25	25	25	0	30	40	30	0	0	50	33	17	0	0
	38	41	9	9	3	28	44	11	11	6	20	60	20	0	0
g. Interacting and dealing with outside agencies	25	0	75	0	0	27	9	36	18	9	0	17	17	33	33
	34	31	13	13	9	26	21	32	5	16	0	20	40	20	20
h. Gathering, processing, and evaluating information important to your group.	20	0	40	40	0	18	18	18	0	46	0	0	33	17	50
	19	37	19	9	16	10	21	37	16	16	0	20	40	20	20
16. Approve standard operating procedures (new or revised) for:															
a. Delivering patient care	0	0	20	40	40	0	0	22	22	56	0	0	0	67	33
	0	3	16	35	45	0	6	35	23	35	0	24	50	25	0
b. Physician personnel administration	0	0	0	25	75	0	0	30	20	50	0	0	0	60	40
	0	6	16	38	41	0	5	32	32	32	0	0	0	25	75
c. Non-physician personnel administration	20	20	40	20	0	10	40	40	0	10	20	20	60	0	0
	6	54	18	18	3	10	42	21	16	10	20	20	40	20	0
d. Utilization control (non-physician)	20	40	40	0	0	20	40	30	0	10	20	40	40	0	0
	17	43	23	10	7	12	35	18	29	6	50	50	0	0	0
e. Cost controls	0	60	0	20	20	18	27	27	9	18	17	17	50	0	17
	18	32	26	21	3	12	23	23	23	18	20	20	20	20	20
f. Billing and collecting	25	25	25	0	25	50	30	10	0	10	50	17	17	17	0
	38	32	12	12	6	29	24	29	12	6	20	40	20	20	0
g. Interacting and dealing with outside agencies	25	50	0	25	0	11	33	33	11	11	0	17	17	33	33
	5	58	16	5	16	0	40	0	40	20	0	25	50	25	0
h. Gathering, processing, and evaluating information important to your group.	20	10	20	10	40	0	0	33	17	50	10	29	32	13	16
	12	18	35	12	24	12	18	35	12	23	0	40	40	0	20

TABLE MD-8 (CONTINUED--5 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
17. Enforce adherence to standard operating procedures by:															
a. Physician members (participating)	0	20	40	0	40	0	10	0	10	80	0	0	0	17	83
	0	3	13	32	52	0	11	0	56	33	0	0	0	67	33
b. Physician employees (salaried)	0	0	20	40	40	20	0	10	10	60	0	0	17	17	67
	0	9	19	31	41	6	6	0	56	33	0	0	0	25	75
c. Nurses and medical technicians	0	20	40	0	40	20	10	50	10	10	17	0	50	33	0
	3	18	33	27	18	16	26	16	32	11	0	40	40	20	0
d. Receptionists, clerks, and maintenance personnel	0	50	25	25	0	50	40	0	10	0	17	67	17	0	0
	21	49	18	6	6	28	28	11	17	17	0	100	0	0	0
e. Administrative staff	0	20	20	20	40	30	20	10	10	30	0	33	50	17	0
	12	24	21	21	18	25	25	25	6	19	20	20	0	60	0
18. Develop physician staffing plans	0	20	20	0	60	0	0	0	20	80	0	0	17	33	50
	0	10	16	32	42	0	0	27	47	27	0	0	25	0	75
19. Develop non-physician staffing plans	0	0	40	60	0	10	20	50	10	10	17	33	0	50	0
	15	46	21	9	9	21	21	29	14	14	20	60	20	0	0
20. Approve staffing plans	0	0	0	50	50	10	10	10	30	40	0	0	0	83	17
	3	3	30	37	27	0	7	33	33	27	0	25	25	0	50
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:															
a. Physician members (participating)	0	33	0	0	67	0	0	0	22	78	0	0	0	40	60
	0	0	23	23	54	0	0	8	31	61	0	0	33	33	33
b. Physician employees (salaried)	25	25	0	0	50	11	11	0	11	67	0	0	0	40	60
	0	4	21	38	38	0	0	29	21	50	25	0	25	0	50
c. Nurses and medical technicians	20	0	20	20	40	30	0	20	40	10	0	50	17	33	0
	12	21	33	18	15	15	20	20	30	15	40	20	20	20	0
d. Receptionists, clerks, and maintenance personnel	40	0	20	20	20	40	50	10	0	0	17	83	0	0	0
	27	33	33	3	3	37	26	16	5	16	60	20	0	20	0
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:															
a. Physician members (participating)	0	0	0	33	67	0	0	11	22	67	0	0	0	40	60
	0	4	15	35	46	0	8	23	31	39	0	25	0	25	50

TABLE MD-8 (CONTINUED--6 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
22. Continued.															
b. Physician employees (salaried)	0	0	0	33	67	0	0	11	22	67	0	0	0	40	60
	0	4	12	42	42	0	7	29	21	43	0	0	20	0	80
c. Nurses and medical technicians	25	0	25	25	25	33	0	22	33	11	0	17	50	33	0
	9	21	30	15	24	28	11	33	17	11	33	17	17	17	17
d. Receptionists, clerks, and maintenance personnel	50	0	25	25	0	44	33	11	11	0	0	67	33	0	0
	21	44	21	9	6	39	17	22	17	6	60	20	0	20	0
e. Administrative staff	50	0	0	25	25	20	30	10	30	10	0	33	33	17	17
	15	30	21	12	21	29	12	18	18	23	0	0	20	60	20
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:															
a. Physician members (participating)	0	0	25	0	75	9	0	9	27	54	0	0	17	17	67
	3	6	16	29	45	6	6	17	39	33	0	0	0	25	75
b. Physician employees (salaried)	0	0	25	0	75	10	0	10	30	50	0	0	17	0	83
	3	10	13	35	39	5	5	21	32	37	0	0	25	0	75
c. Nurses and medical technicians	0	0	75	0	25	30	20	40	0	10	20	20	40	20	0
	16	25	28	22	9	21	26	26	16	10	50	17	17	17	0
d. Receptionists, clerks, and maintenance personnel	50	0	50	0	0	50	30	10	0	10	20	60	20	0	0
	21	39	21	9	9	32	21	21	10	16	67	17	17	0	0
24. Approve payment plans/salary schedules and benefits (new or revised) for:															
a. Physician members (participating)	0	0	25	0	75	10	0	0	30	60	0	0	0	40	60
	3	9	6	31	50	6	6	18	35	35	0	0	0	25	75
b. Physician employees (salaried)	0	0	25	0	75	11	0	0	33	56	0	0	0	40	60
	3	9	6	34	47	6	6	17	33	39	0	0	20	0	80
c. Nurses and medical technicians	25	0	50	0	25	22	11	56	0	11	0	33	33	0	33
	9	19	31	16	25	11	33	22	17	17	17	33	33	0	17
d. Receptionists, clerks, and maintenance personnel	50	0	50	0	0	44	22	22	0	11	0	75	25	0	0
	9	39	21	12	18	17	39	11	22	11	17	50	17	0	17
e. Administrative staff	50	0	25	25	0	20	40	0	10	30	0	60	40	0	0
	6	27	15	21	30	22	17	17	22	22	0	20	20	20	40

TABLE MD-8 (CONTINUED--7 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
25. Recruit the following to fill openings in your organization:															
a. Physician members (participating)	0	0	0	0	100	0	18	27	9	46	0	0	17	33	50
	3	7	14	24	52	6	0	0	41	53	0	0	0	0	100
b. Physician employees (salaried)	0	0	0	0	100	0	20	30	10	40	0	0	17	33	50
	0	3	23	20	53	6	0	6	33	56	20	0	0	0	80
c. Nurses and medical technicians	25	0	25	0	50	30	30	20	10	10	40	20	40	0	0
	35	13	23	23	7	35	29	6	12	18	67	33	0	0	0
d. Receptionists, clerks, and maintenance personnel	50	0	50	0	0	70	20	10	0	0	40	60	0	0	0
	47	41	9	0	3	41	29	12	0	18	83	17	0	0	0
26. Negotiate salary and benefit contracts with organized groups of personnel.	100	0	0	0	0	33	11	0	33	22	0	25	50	0	25
	15	31	31	8	15	37	37	0	0	25	0	100	0	0	0
27. Approve contracts with organized groups of personnel	0	0	100	0	0	25	12	12	25	25	0	0	25	25	50
	7	14	29	21	29	22	33	22	11	11	0	0	0	100	0
28. Approve appointment/hiring of:															
a. Physician members (participating)	0	0	40	0	60	0	0	18	27	55	0	0	0	50	50
	3	0	17	20	60	0	6	11	39	44	0	0	0	25	75
b. Physician employees (salaried)	0	0	40	0	60	0	0	20	30	50	0	0	0	50	50
	0	0	16	23	61	0	6	11	33	50	0	0	0	20	80
c. Nurses and medical technicians	20	20	20	20	20	20	50	20	0	10	40	0	20	40	0
	12	19	28	25	16	21	32	10	21	16	67	33	0	0	0
d. Receptionists, clerks, and maintenance personnel	40	20	40	0	0	44	44	0	11	0	60	20	0	20	0
	30	36	24	0	9	37	26	16	10	10	50	50	0	0	0
e. Administrative staff	25	25	0	25	25	20	30	10	10	30	17	33	17	17	17
	18	18	21	9	33	21	16	16	26	21	17	33	0	17	33
29. Approve end of probationary appointments for physicians	0	25	25	0	50	10	0	10	20	60	0	0	0	17	83
	0	0	17	29	54	0	0	33	33	33	0	0	25	25	50
30. Negotiate contracts with physicians who wish to join the group.	0	20	0	20	60	11	11	0	44	33	0	0	0	20	80
	0	12	19	19	50	0	0	32	21	47	0	0	0	0	100

TABLE MD-8 (CONTINUED--8 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
31. Orient and train new personnel:															
a. Physician members (participating)	0	0	33	33	33	0	11	11	22	56	0	33	0	0	67
	0	4	29	25	43	0	11	6	33	50	0	0	25	50	25
b. Physician employees (salaried)	0	0	75	25	0	0	10	10	20	60	0	33	0	0	67
	0	0	24	28	48	0	11	6	28	56	0	0	40	40	20
c. Nurses and medical technicians	25	0	50	25	0	30	60	0	0	10	20	20	60	0	0
	25	31	16	16	12	28	39	11	11	11	83	17	0	0	0
d. Receptionists, clerks, and maintenance personnel	50	0	50	0	0	50	40	10	0	0	60	20	20	0	0
	49	36	12	0	3	53	29	12	0	6	83	17	0	0	0
32. Survey the job satisfaction of:															
a. Physician members (participating)	0	25	0	0	75	0	11	0	33	56	0	0	0	40	60
	0	4	17	25	54	0	0	0	33	67	0	0	0	33	67
b. Physician employees (salaried)	0	25	0	0	75	0	11	0	22	67	0	0	0	40	60
	0	8	16	24	52	0	0	0	38	62	0	0	20	20	60
c. Nurses and medical technicians	20	20	20	40	0	38	38	25	0	0	25	50	25	0	0
	15	33	33	4	15	33	33	11	11	11	67	33	0	0	0
d. Receptionists, clerks, and maintenance personnel	40	40	20	0	0	62	25	13	0	0	50	50	0	0	0
	38	38	19	0	4	44	39	6	6	6	83	17	0	0	0
e. Administrative staff	50	0	25	0	25	33	22	11	11	22	0	60	40	0	0
	31	12	19	15	23	41	18	0	23	18	17	17	17	0	50
33. Conduct job performance evaluations for:															
a. Physician members (participating)	0	0	0	0	100	0	0	29	0	71	0	0	0	20	80
	0	5	26	16	53	0	0	9	27	64	0	0	0	50	50
b. Physician employees (salaried)	0	0	0	0	100	13	0	13	13	62	0	0	0	20	80
	0	5	20	20	55	0	0	9	27	64	0	0	25	25	50
c. Nurses and medical technicians	0	0	75	0	25	33	33	33	0	0	20	60	20	0	0
	17	31	29	10	14	43	14	21	7	14	50	50	0	0	0
d. Receptionists, clerks, and maintenance personnel	40	20	40	0	0	57	43	0	0	0	60	40	0	0	0
	27	43	17	3	10	57	11	14	0	7	67	33	0	0	0
e. Administrative staff	50	0	0	25	25	0	43	29	0	29	17	50	33	0	0
	14	29	11	18	29	46	8	23	0	23	17	17	17	0	50

TABLE MD-8 (CONTINUED--9 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
34. Approve promotions of:															
a. Physician members (participating)	0	0	0	0	100	0	14	14	29	43	0	0	0	25	75
	5	5	19	14	57	0	0	20	40	40	33	0	0	33	33
b. Physician employees (salaried)	0	0	33	0	67	0	25	13	25	37	0	0	0	25	75
	4	4	15	27	50	0	0	25	42	33	20	0	0	20	60
c. Nurses and medical technicians	20	0	40	0	40	40	30	10	10	10	40	0	60	0	0
	14	17	31	17	21	21	32	21	16	11	67	33	0	0	0
d. Receptionists, clerks, and maintenance personnel	20	40	40	0	0	60	30	0	10	0	60	20	20	0	0
	33	27	23	10	7	39	33	11	11	6	50	50	0	0	0
e. Administrative staff	25	0	0	50	25	27	27	18	18	9	0	67	17	0	17
	19	19	19	16	26	33	17	22	11	17	17	17	17	33	17
35. Approve dismissals and terminations of:															
a. Physician employees (salaried)	0	20	0	20	60	9	0	0	27	64	0	0	0	17	83
	0	0	16	23	61	11	6	6	24	53	0	0	0	40	60
b. Nurses and medical technicians	25	0	25	0	50	30	20	10	20	20	40	40	0	20	0
	13	16	19	9	42	33	29	17	11	11	60	20	20	0	0
c. Receptionists, clerks, and maintenance personnel	50	0	50	0	0	60	30	0	10	0	60	40	0	0	0
	31	25	25	3	16	41	35	6	12	6	60	20	20	0	0
d. Administrative staff	25	0	25	25	25	36	9	18	18	18	17	17	33	17	17
	16	22	13	16	34	25	19	19	25	13	0	17	33	17	33
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	0	0	0	25	75	10	10	10	40	30	0	0	0	20	80
	0	4	13	13	71	6	6	6	29	53	0	0	0	50	50
37. Interpret group policy and clarify procedures for staff and employees.	0	0	20	40	40	0	10	30	30	30	0	0	40	20	40
	7	19	29	13	32	16	16	16	32	21	0	0	67	0	33
38. Counsel, to assist with personal problems:															
a. Physician members (participating)	25	0	25	25	25	0	0	38	0	62	0	0	0	20	80
	0	0	18	32	50	8	0	31	31	31	0	0	0	67	33
b. Physician employees (salaried)	25	0	25	25	25	0	0	38	0	62	0	0	0	20	80
	0	0	15	30	55	7	0	29	43	21	0	0	0	40	60

TABLE MD-8 (CONTINUED--10 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
38. Continued.															
c. Nurses and medical technicians.	0	0	40	60	0	37	50	0	0	13	0	60	20	20	0
	17	29	17	21	17	21	36	21	14	7	40	20	40	0	0
d. Receptionists, clerks, and maintenance personnel.	50	0	25	25	0	62	25	0	0	13	20	60	20	0	0
	20	52	12	8	8	29	43	7	14	7	80	20	0	0	0
39. Mediate/arbitrate interpersonal problems:															
a. Among physicians.	0	0	0	0	100	0	0	22	0	78	0	0	0	20	80
	4	7	18	7	64	0	6	0	13	81	0	0	0	20	80
b. Among nurses and medical technicians.	20	20	20	20	20	30	40	10	10	10	20	20	40	20	0
	11	25	36	7	21	25	44	6	13	13	60	40	0	0	0
c. Among receptionists, clerks, and maintenance personnel.	80	0	20	0	0	70	20	0	0	10	20	60	20	0	0
	29	53	14	4	11	56	25	6	6	6	67	17	17	0	0
d. Among administrative staff.	50	25	0	25	0	50	10	0	10	30	0	20	60	20	0
	24	24	16	8	28	50	13	13	13	13	33	0	17	33	17
e. Between physicians and nurses.	25	0	0	0	75	0	9	36	27	27	0	0	20	60	20
	4	15	26	22	33	20	13	27	13	27	0	17	33	33	17
f. Between physicians and administrators.	25	0	0	0	75	0	0	9	27	64	0	0	20	20	60
	4	7	18	18	52	6	6	0	13	75	0	0	0	33	67
40. Discipline:															
a. Physician members (participating).	33	0	0	0	67	10	0	10	30	50	0	0	0	33	67
	0	8	13	21	58	0	0	6	50	44	0	0	25	25	50
b. Physician employees (salaried).	33	0	0	0	67	10	0	0	30	60	0	0	0	33	67
	0	8	8	17	67	0	0	6	50	44	0	0	0	20	80
c. Nurses and medical technicians.	25	0	25	25	25	44	22	22	11	0	17	17	67	0	0
	13	30	20	10	27	35	35	12	18	0	17	50	33	0	0
d. Receptionists, clerks, and maintenance personnel.	50	25	0	0	25	67	22	11	0	0	50	50	0	0	0
	39	26	19	3	13	53	24	12	12	0	50	17	33	0	0
e. Administrative staff.	67	0	0	0	33	44	22	11	11	11	0	33	67	0	0
	23	20	23	10	23	35	18	12	29	6	0	33	0	33	33

TABLE MD-8 (CONTINUED--11 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
41. Secure liability insurance coverage for your group and/or your physicians.	50	0	25	0	25	27	18	9	18	27	17	17	33	17	17
	13	29	13	13	32	20	13	27	7	33	17	17	33	17	17
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	33	0	33	33	0	20	10	10	40	20	25	0	25	25	25
	16	26	21	5	32	22	33	22	0	22	20	40	0	40	0
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	50	0	25	25	0	10	20	50	10	10	0	50	17	17	17
	23	52	10	10	16	18	23	29	23	6	0	33	50	0	17
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	0	0	0	33	67	0	10	30	10	50	0	0	0	33	67
	4	26	18	11	41	7	13	27	20	33	0	20	40	40	0
45. Represent the group or individual physicians in court appearance on collection cases.	33	0	33	33	0	71	0	14	0	14	75	25	0	0	0
	78	6	11	0	6	42	17	25	8	8	67	33	0	0	0
46. Represent the group or individual physicians in court appearances on malpractice litigation.	33	0	0	6	67	17	0	50	0	33	40	0	20	40	0
	47	0	18	18	18	50	10	10	20	10	50	25	0	25	0
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	0	0	50	0	50	0	33	33	0	33	0	67	0	0	33
	20	40	0	10	30	20	20	60	0	0	0	0	100	0	0
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	33	0	0	0	67	30	10	10	30	20	0	20	20	60	0
	29	19	24	10	19	13	37	31	13	6	0	67	17	17	0
49. Represent your group at health care workshops and meetings.	67	0	0	0	33	27	18	18	18	18	0	0	17	50	33
	16	12	36	20	16	11	17	39	28	6	0	33	17	33	17
50. Represent your group in civic matters and projects......	67	0	0	0	33	25	37	0	13	25	0	0	0	100	0
	15	19	33	11	22	8	8	54	12	8	25	25	0	50	0
51. Participate in public health education efforts..........	25	25	0	25	25	25	13	25	13	25	0	0	0	75	25
	4	22	22	17	35	8	17	58	17	0	17	33	33	17	0
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.....	50	0	0	0	50	0	0	33	22	44	0	0	0	60	40
	5	19	29	24	24	9	9	36	27	18	25	25	0	25	25

TABLE MD-8 (CONTINUED--12 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
53. Work with the news media in releasing public and civic interest stories.	0	0	0	50	50	25	13	25	13	25	0	0	20	60	20
	21	26	21	16	16	30	0	20	30	20	20	40	40	0	0
54. Negotiate medical services covered under health care contracts with organized consumer groups.	33	0	0	0	67	11	22	0	22	44	0	0	25	25	50
	8	23	38	15	15	9	0	27	27	36	0	0	100	0	0
55. Negotiate fees or prices for health care contracts with organized consumer groups.	33	0	0	0	67	14	14	14	14	43	0	33	33	33	0
	8	31	23	15	23	10	30	10	20	30	33	0	67	0	0
56. Approve contracts with organized consumer groups.........	33	0	0	0	67	13	0	13	37	37	0	0	33	33	33
	8	17	0	25	50	10	30	20	20	20	0	0	100	0	0
57. Settle grievances with industrial or group accounts.	50	0	0	0	50	20	0	30	10	40	0	25	25	50	0
	20	20	33	13	13	14	29	21	21	14	67	0	33	0	0
58. Work with third party payors to assure efficient collections for the group.	25	25	0	25	25	50	0	30	10	10	20	20	40	20	0
	50	25	14	7	4	47	27	13	7	7	40	0	20	40	0

TABLE MD-9

Percentage of Medical Directors' Responses by Size and Payment Mechanism--Decision Table

Part of the survey questionnaire included the Decision Table. The Decision Table consisted of a number of hypothetical changes that might be made in a medical group practice. After reviewing the list, the medical director indicated the person or group who would have final authority in making the decision before the change would be made. The medical directors' responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical directors' group--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

Table MD-9 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each hypothetical change. For each hypothetical change, the top row of numbers represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 80% of medical directors from small prepaid groups indicated that the governing body (GB) would have final authority for the decision of setting the fee schedule for the clinic (1b); 17% of medical directors from large fee for service groups indicated that the professional administrator (PA) would have final authority for the decision of setting the fee schedule for the clinic (1b).

TABLE MD-9

PERCENTAGE OF MEDICAL DIRECTORS' RESPONSES BY SIZE AND PAYMENT MECHANISM -DECISION TABLE-

	Small	Medium	Large
1. Final authority for decision			
a. Initiate a new patient education program for diabetics:			
Governing body.	20	30	17
	53	42	50
Medical director.	40	30	17
	10	21	0
Administrator	0	0	0
	0	5	0
Medical department head	20	10	50
	17	11	33
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	30	0
	20	21	17
Other	20	0	17
	0	0	0
b. Setting the fee schedules for the clinic:			
Governing body.	80	60	100
	85	60	67
Medical director.	20	10	0
	9	10	0
Administrator	0	10	0
	0	20	17
Medical department head	0	0	0
	3	0	0
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	10	0
	3	10	17
Other	0	10	0
	0	0	0
c. Change in the level of remuneration for an individual physician member (participating):			
Governing body.	67	80	67
	85	60	67
Medical director.	33	0	17
	6	15	0
Administrator	0	0	0
	3	10	0
Medical department head	0	10	0
	3	0	0

TABLE MD-9 (CONTINUED--2 OF 4)

	Small	Medium	Large
1. c. (Continued)			
Non-medical department supervisor	0 0	0 0	0 0
Individual physician.	0 0	0 5	0 0
Other	0 3	10 10	17 33
d. Change in the hours of clinic service:			
Governing body.	67 82	60 62	67 67
Medical director.	17 12	10 5	0 17
Administrator	0 3	20 19	17 0
Medical department head	17 3	0 0	0 17
Non-medical department supervisor	0 0	0 0	0 0
Individual physician.	0 0	0 0	0 0
Other	0 0	10 14	17 0
e. Establish a new cost finding system for the clinic:			
Governing body.	20 44	40 33	33 50
Medical director.	0 0	10 5	17 17
Administrator	80 50	40 62	33 33
Medical department head	0 3	0 0	0 0
Non-medical department supervisor	0 0	0 0	0 0
Individual physician.	0 0	0 0	0 0
Other	0 3	10 0	17 0
f. Redecorate and refurnish the clinic waiting room:			
Governing body.	60 53	70 40	50 67
Medical director.	0 6	10 5	0 0

TABLE MD-9 (CONTINUED--3 OF 4)

	Small	Medium	Large
1. f. (Continued)			
Administrator	20	10	33
	41	45	33
Medical department head	0	0	0
	0	0	0
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	0	0
	0	0	0
Other	20	10	17
	0	10	0
g. Business insurance decisions for the group (e.g., liability insurance not fringe benefits):			
Governing body.	100	80	50
	68	52	67
Medical director.	0	0	0
	0	5	0
Administrator	0	0	33
	29	38	17
Medical department head	0	10	0
	0	0	0
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	0	0
	0	0	0
Other	0	10	17
	3	5	17
h. Termination of a non-physician professional person:			
Governing body.	33	10	20
	29	24	25
Medical director.	17	10	20
	3	5	0
Administrator	33	70	60
	65	67	75
Medical department head	0	0	0
	0	0	0
Non-medical department supervisor	0	10	0
	3	0	0
Individual physician.	0	0	0
	0	0	0
Other	17	0	0
	0	5	0

TABLE MD-9 (CONTINUED-- 4 OF 4)

1. (Continued)

I. Approval of a feasibility study on a partial pre-paid medical program in the group:

	Small	Medium	Large
Governing body	75	80	60
	79	63	67
Medical director	0	0	20
	3	5	17
Administrator	0	0	0
	18	21	17
Medical department head	0	10	0
	0	0	0
Non-medical department supervisor	0	0	0
	0	5	0
Individual physician	0	0	0
	0	0	0
Other	25	10	20
	0	5	0

J. Routine work assignment scheduling for clerical personnel in business office:

	Small	Medium	Large
Governing body	0	0	0
	3	0	0
Medical director	0	10	0
	0	0	0
Administrator	83	90	83
	82	80	67
Medical department head	0	0	0
	0	0	0
Non-medical department supervisor	0	0	17
	9	20	33
Individual physician	0	0	0
	0	0	0
Other	17	0	0
	6	0	0

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TABLE MD-10

Percentage of Medical Directors' Responses by Size and Payment Mechanism--Critical Tasks by Fine's Methodology

Included in the survey questionnaire was the Critical Tasks Section. In this section, the medical director listed the five most important tasks that he performed as a medical director. Later, these responses were content analyzed using a functional task analysis adapted from procedures developed by Fine (1955, 1965, 1971). Also these responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical directors' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

Table MD-10 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each functional category. For each functional category, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses(In percentages) by fee for service groups. For example, 40% of medical directors from small prepaid groups indicated that the first most important data task which they performed was coordinating (1a8); 50% of medical directors from large fee for service groups indicated that the first most important data task which they performed was coordinating (1a8).

TABLE MD-10

PERCENTAGE OF MEDICAL DIRECTORS' RESPONSES BY SIZE AND PAYMENT MECHANISM -CRITICAL TASKS BY FINE'S METHODOLOGY-

1. First most important task
   a. Data:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	0	0	0
(3) Comparing	0	0	0
	0	0	0
(4) Copying	0	0	0
	0	5	0
(5) Computing	0	0	0
	0	0	0
(6) Compiling	0	0	0
	19	21	0
(7) Analyzing	0	38	0
	22	5	0
(8) Coordinating.	40	13	20
	7	0	50
(9) Synthesizing.	0	0	0
	0	0	0

   b. People:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) Serving	0	0	0
	0	5	0
(3) Speaking--Signaling	0	0	0
	0	0	17
(4) Persuading.	0	13	20
	0	16	0
(5) Diverting	0	0	0
	0	5	0
(6) Supervising	0	25	20
	11	5	17
(7) Instructing	0	0	20
	4	0	0
(8) Negotiating	60	13	20
	37	37	17
(9) Mentoring	0	0	0
	0	0	0

TABLE MD-10 (CONTINUED--2 OF 5)

2. Second most important task

a. Data:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	0	0	0
(3) Comparing	0	0	0
	0	0	0
(4) Copying	0	0	0
	0	0	0
(5) Computing	0	0	0
	0	5	0
(6) Compiling	20	13	0
	19	26	0
(7) Analyzing	0	25	20
	15	5	17
(8) Coordinating.	0	13	20
	0	0	0
(9) Synthesizing.	0	0	0
	0	0	0

b. People:

	Small	Medium	Large
(1) No significant relationship	0	0	20
	0	0	0
(2) Serving	0	0	0
	4	0	0
(3) Speaking--Signaling	0	0	0
	0	0	0
(4) Persuading.	0	13	0
	12	16	33
(5) Diverting	0	0	20
	0	0	0
(6) Supervising	40	13	0
	15	16	17
(7) Instructing	20	13	0
	0	5	0
(8) Negotiating	20	13	20
	35	26	33
(9) Mentoring	0	0	0
	0	0	0

TABLE MD-10 (CONTINUED--3 OF 5)

3. Third most important task
   a. Data:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	4	0	0
(3) Comparing	0	0	0
	0	0	0
(4) Copying	0	0	0
	0	0	0
(5) Computing	0	0	0
	4	0	0
(6) Compiling	25	13	20
	24	20	0
(7) Analyzing	50	0	60
	12	7	25
(8) Coordinating	0	13	0
	4	0	0
(9) Synthesizing	0	0	0
	0	0	0

   b. People

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) Serving	0	0	0
	0	0	0
(3) Speaking--Signaling	0	0	0
	4	0	0
(4) Persuading	25	0	0
	4	13	0
(5) Diverting	0	0	0
	0	0	0
(6) Supervising	0	50	20
	12	13	25
(7) Instructing	0	13	0
	4	0	0
(8) Negotiating	0	13	0
	28	47	50
(9) Mentoring	0	0	0
	0	0	0

TABLE MD-10 (CONTINUED--4 OF 5)

	Small	Medium	Large
4. Fourth most important task			
a. Data:			
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	4	0	0
(3) Comparing	0	0	0
	0	0	0
(4) Copying	0	0	0
	10	0	0
(5) Computing	0	0	0
	0	0	0
(6) Compiling	0	13	0
	32	8	0
(7) Analyzing	25	50	20
	12	8	0
(8) Coordinating.	25	0	0
	4	0	50
(9) Synthesizing.	0	0	0
	0	0	0
b. People:			
(1) No significant relationship	0	0	0
	0	0	0
(2) Serving	25	0	0
	0	0	0
(3) Speaking--Signaling	0	0	20
	0	0	25
(4) Persuading.	0	0	0
	24	17	0
(5) Diverting	0	13	0
	0	8	0
(6) Supervising	0	13	20
	4	33	0
(7) Instructing	0	0	0
	4	0	0
(8) Negotiating	25	13	40
	16	25	25
(9) Mentoring	0	0	0
	0	0	0

TABLE MD-10 (CONTINUED--5 OF 5)

5. Fifth most important task

a. Data:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	0	0	0
(3) Comparing	0	0	0
	0	0	0
(4) Copying	0	0	0
	5	0	0
(5) Computing	0	0	0
	0	0	0
(6) Compiling	33	0	0
	23	20	0
(7) Analyzing	0	14	0
	9	30	25
(8) Coordinating.	0	0	0
	0	0	0
(9) Synthesizing.	0	0	0
	0	0	0

b. People:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) Serving	0	0	50
	0	0	0
(3) Speaking--Signaling	0	14	0
	0	0	0
(4) Persuading.	0	29	50
	36	20	25
(5) Diverting	0	0	0
	5	0	0
(6) Supervising	33	0	0
	9	10	0
(7) Instructing	0	0	0
	0	10	0
(8) Negotiating	33	43	0
	14	10	50
(9) Mentoring	0	0	0
	0	0	0

TABLE MD-11

Medical Directors' Responses by Size and Payment Mechanism-- Average Number of Tasks by Katz and Kahn Subsystems (Column 1 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. For each task, the medical directors responded as to whether the task was performed in their medical groups. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical directors' groups--small, medium, large--and by the payment mechanism employed by their groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table MD-11 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism. The cross tabulation is presented in terms of average numbers of tasks for each subsystem. For example, medical directors from small fee for service groups indicated that the average number of "maintenance" tasks performed in their medical groups was 36.06; medical directors from large prepaid groups indicated that the average number of "managerial" tasks performed in their medical groups was 58.83.

TABLE MD-11

MEDICAL DIRECTORS' RESPONSES BY SIZE AND PAYMENT MECHANISM
-AVERAGE NUMBER OF TASKS BY KATZ AND KAHN SUBSYSTEMS (COLUMN 1 OF STANDARD LIST)-

Subsystems	Fee For Service			Prepayment		
	Small	Medium	Large	Small	Medium	Large
Total Tasks Performed..........................	119.41	121.65	118.00	113.75	123.78	123.40
1. Maintenance................................	36.06	35.95	35.60	32.75	35.45	38.00
2. Boundary/Production Supportive-Procurement.....................	11.53	12.55	12.00	12.40	13.36	13.17
3. Boundary/Production Supportive-Disposal........................	4.44	4.71	5.33	5.00	4.91	5.00
4. Boundary/Insitutional Supportive................................	1.97	1.82	2.33	1.60	2.45	2.50
5. Adaptive....................................	8.61	8.73	9.25	9.33	9.09	9.40
6. Managerial..................................	57.65	59.05	58.00	57.00	59.33	58.83

TABLE MD-12

Medical Directors' Responses by Size and Payment Mechanism--
Chief Responsibility Expressed as a Percentage of Subsystem Tasks
in Each Katz and Kahn Subsystem (Column 2 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in his group, the medical director responded as to who was chiefly responsible for satisfactory performance of the task. This response was made according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical directors' groups--small, medium, large-- and by the payment mechanisms employed by their groups--prepayment or fee for service.

In addition, the standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table MD-12 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism. The cross tabulation is presented in terms of percentages of chief responsibility for each subsystem. For example, medical directors from small fee for service groups indicated that governing bodies were chiefly responsible for 27% of the "maintenance" tasks performed in the medical groups; medical directors from large prepaid groups indicated that professional administrators were chiefly responsible for 49% of the "maintenance" tasks performed in the medical groups.

TABLE MD-12

MEDICAL DIRECTORS' RESPONSES BY SIZE AND PAYMENT MECHANISM-- CHIEF RESPONSIBILITY EXPRESSED AS A PERCENTAGE OF SUBSYSTEM TASKS IN EACH KATZ AND KAHN SUBSYSTEM (COLUMN 2 OF STANDARD LIST)

Subsystem	Chief Responsibility	Fee For Service			Prepayment		
		Small	Medium	Large	Small	Medium	Large
1. Maintenance							
	No One......................	0	1	0	1	0	1
	Professional Administrator	52	51	76	49	42	49
	Medical Director...........	16	21	11	30	18	30
	Governing Body.............	27	20	13	17	28	8
	Other......................	4	8	0	4	12	12
2. Boundary/Production Supportive-Procurement							
	No One......................	0	1	0	0	1	2
	Professional Administrator	62	58	61	54	55	56
	Medical Director...........	14	16	19	25	14	29
	Governing Body.............	17	18	8	14	14	6
	Other......................	7	7	12	7	16	8
3. Boundary/Production Supportive-Disposal							
	No One......................	0	3	0	4	2	10
	Professional Administrator	57	55	58	58	45	27
	Medical Director...........	21	20	9	11	25	37
	Governing Body.............	13	5	0	10	3	4
	Other......................	9	17	33	17	25	21
4. Boundary/Institutional Supportive							
	No One......................	1	6	0	0	0	8
	Professional Administrator	33	23	17	33	33	8
	Medical Director...........	17	23	0	33	30	17
	Governing Body.............	24	8	0	0	12	0
	Other......................	12	30	50	0	15	42
5. Adaptive							
	No One......................	0	1	0	0	1	0
	Professional Administrator	60	46	66	40	58	48
	Medical Director...........	16	21	3	36	14	21
	Governing Body.............	20	23	30	16	18	11
	Other......................	4	9	0	7	9	21
6. Managerial							
	No One......................	0	0	0	1	0	1
	Professional Administrator	37	40	51	39	30	37
	Medical Director...........	13	18	10	25	12	24
	Governing Body.............	46	35	34	33	48	29
	Other......................	4	7	5	2	9	10

TABLE MD-13

Medical Directors' Responses by Size and Payment Mechanism--
Medical Directors' Average Personal Involvement by Katz and Kahn Subsystems
(Column 3 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. The medical director responded as to the extent of his personal involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involovement" (5). These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical directors' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table MD-13 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism. The cross tabulation is presented in terms of the average personal involvement for each Katz and Kahn subsystem. For example, the average personal involvement of medical directors from small fee for service groups was 3.14 for tasks in the maintenance subsystem; the average personal involvement of medical directors from large prepaid groups was 3.29 for tasks in the maintenance subsystem.

TABLE MD-13

MEDICAL DIRECTORS' RESPONSES BY SIZE AND PAYMENT MECHANISM
-MEDICAL DIRECTORS' AVERAGE PERSONAL INVOLVEMENT BY KATZ AND KAHN SUBSYSTEMS
(COLUMN 3 OF STANDARD LIST)-

Subsystem	Fee For Service			Prepayment		
	Small	Medium	Large	Small	Medium	Large
Average Total Involvement........................	3.23	3.20	3.00	3.13	3.20	3.44
1. Maintenance..................................	3.14	3.12	2.80	3.29	3.12	3.29
2. Boundary/Production Supportive-Procurement......................	2.94	3.15	2.74	3.09	3.05	3.37
3. Boundary/Production Supportive-Disposal..........................	2.69	2.64	2.56	2.97	2.51	3.44
4. Boundary/Institutional Supportive..................................	3.19	3.19	2.83	3.10	3.60	3.27
5. Adaptive.....................................	3.15	3.29	3.01	3.30	3.37	3.42
6. Managerial...................................	3.41	3.28	3.10	3.19	3.31	5.52

TABLE MD-14

Medical Directors' Responses by Size and Payment Mechanism--
Medical Directors' Average Personal Involvement by Who is
Chiefly Responsible in Each Katz and Kahn Subsystem (Column 2--3 Interaction)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. The medical Director responded as to the extent of his personal involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). The medical director also responded as to who was chiefly responsible for satisfactory performance of the task according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator.

These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical directors' groups--small, medium, large--and by the payment mechanisms employed by their groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table MD-14 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism.

The cross tabulation is presented in terms of the interaction between the medical directors' average personal involvement by who is chiefly responsible in each Katz and Kahn subsystem. For example, with regard to maintenance tasks, the average personal involvement of medical directors from small fee for service groups was 3.41 for the tasks in which the medical director was chiefly responsible and was 2.33 for the tasks in which the professional administrator was chiefly responsible. Again, with regard to maintenance tasks, the average personal involvement of medical director from large prepaid groups was 4.79 for the tasks in which the medical director was chiefly responsible and was 2.30 for the tasks in which the professional administrator was chiefly responsible.

TABLE MD-14

MEDICAL DIRECTORS' RESPONSES BY SIZE AND PAYMENT MECHANISM -MEDICAL DIRECTORS' AVERAGE PERSONAL INVOLVEMENT BY WHO IS CHIEFLY RESPONSIBLE IN EACH KATZ AND KAHN SUBSYSTEM (COLUMN 2--3 INTERACTION)-

Subsystem	Chief Responsibility	Fee For Service			Prepayment		
		Small	Medium	Large	Small	Medium	Large
1. Maintenance							
	No One	.16	.11	0	.25	0	.58
	Professional Administrator	2.33	2.34	2.15	2.62	2.14	2.30
	Medical Director	3.41	3.72	3.89	4.61	4.63	4.79
	Governing Body	3.55	2.87	2.18	1.75	3.44	3.97
	Other	.81	1.28	0	1.92	2.56	2.22
2. Boundary/Production Supportive-Procurement							
	No One	1.56	.33	0	0	.18	1.33
	Professional Administrator	2.37	2.31	2.03	2.68	2.74	2.52
	Medical Director	2.10	3.84	1.67	4.94	2.85	4.67
	Governing Body	2.52	2.54	2.67	1.21	1.97	.56
	Other	.59	1.19	1.33	1.25	2.29	1.39
3. Boundary/Production Supportive-Disposal							
	No One	0	0	0	.33	.09	.80
	Professional Administrator	2.01	1.86	1.50	2.17	1.98	2.50
	Medical Director	1.76	1.41	2.00	1.67	1.89	3.40
	Governing Body	1.10	.33	0	.50	.45	.60
	Other	.37	.94	1.29	1.33	1.23	1.30
4. Boundary/Institutional Supportive							
	No One	.10	.06	0	0	0	1.00
	Professional Administrator	1.33	.76	1.00	.33	1.76	1.00
	Medical Director	1.25	1.35	0	1.00	2.18	1.25
	Governing Body	1.31	.47	0	0	.91	0
	Other	.29	1.34	1.33	0	.85	.83
5. Adaptive							
	No One	.03	.21	0	0	0	0
	Professional Administrator	2.65	2.47	2.05	3.01	2.84	2.62
	Medical Director	2.57	2.35	1.67	3.68	2.95	3.82
	Governing Body	2.90	2.36	2.40	1.40	3.01	2.25
	Other	.55	1.36	0	1.20	1.86	3.17
6. Managerial							
	No One	.24	.21	0	.25	0	.83
	Professional Administrator	2.37	2.25	2.39	2.63	2.11	2.43
	Medical Director	3.73	3.92	4.55	4.72	4.51	4.24
	Governing Body	3.85	2.89	2.11	3.76	3.76	3.93
	Other	1.02	1.89	2.33	1.17	1.83	3.56

TABLE MD-15

Medical Directors' Responses on Time Logs by Size and Payment Mechanism--Average Number of Tasks in Each Functional Level of Fine's Methodology

Part of this study included the analysis of medical directors' responses to time logs. These responses were content analyzed using a functional task analysis adapted from precedures developed by Fine (1955, 1965, 1971). Also, the responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical directors' groups-- small, medium, large--and by the payment mechanisms employed by their group--prepayment or fee for service.

Table MD-15 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each functional category. For each functional category, the top row of numbers always represents responses by prepayment groups, and the bottom row always represents responses by fee for service groups. The cross tabulation is presented in terms of the average number of tasks in each functional category. For example, medical directors from small fee for service groups indicated on their time logs that they performed an average number of 1.50 data analyzing tasks (7); medical directors from large prepaid groups indicated that they performed an average number of 5.20 data analyzing tasks (7).

TABLE MD-15

MEDICAL DIRECTORS' RESPONSES ON TIME LOGS BY SIZE AND PAYMENT MECHANISM
-AVERAGE NUMBER OF TASKS IN EACH FUNCTIONAL LEVEL OF FINE'S METHODOLOGY-

Fine's Methodology		Average Number of Tasks		
Category	Functional Level	Small	Medium	Large
Data:				
	(1) No significant relationship (2) No significant relationship	7.60	2.25	12.40
		2.50	0	6.50
	(3) Comparing	0	.25	4.80
		1.00	0	.50
	(4) Copying	.20	0	1.00
		.50	0	0
	(5) Computing	0	0	0
		0	0	0
	(6) Compiling	1.40	3.25	8.40
		3.50	0	4.50
	(7) Analyzing	.60	4.50	5.20
		1.50	0	1.50
	(8) Coordinating	.60	3.00	1.20
		1.50	0	.50
	(9) Synthesizing	0	0	0
		0	0	0
	Total Number of Data Tasks	6.80	13.25	32.80
		10.50	0	13.50
	% of all Tasks that are Data Tasks	42.00	48.50	57.80
		43.50	0	26.50

People:				
	(1) No significant relationship	2.40	1.00	2.20
		0	0	2.00
	(2) Serving	.40	.25	2.60
		1.00	0	0
	(3) Speaking--Signaling	6.00	15.75	15.20
		17.50	0	10.50
	(4) Persuading	.20	0	2.00
		.50	0	0
	(5) Diverting	0	0	0
		0	0	2.00

TABLE MD-15 (CONTINUED--2 OF 2)

People (Continued):	Small	Medium	Large
(6) Supervising.	.40	1.50	1.20
	1.00	0	1.00
(7) Instructing.	.20	1.75	.40
	.50	0	1.00
(8) Negotiating.	.80	2.00	.20
	0	0	2.50
(9) Mentoring.	.20	.75	.40
	0	0	0
Total Number of People Tasks	10.60	23.00	24.20
	20.50	0	19.00
% of All Tasks that are People Tasks	57.80	51.50	42.20
	56.50	0	73.00

TABLE GB-1

Frequency Distribution of Governing Bodies' Responses to Organizational and Biographical Questions

Part of the survey questionnaire included biographical and organizational questions. The governing body chairpersons' answers to these questions were organized into frequency distributions presented in Table GB-1.

TABLE GB-1

FREQUENCY DISTRIBUTION OF GOVERNING BODIES' RESPONSES TO ORGANIZATIONAL AND BIOGRAPHICAL QUESTIONS

Number of respondents

Lay administrator only.	315
Medical director only	7
Governing body chairperson only	3
Lay administrator and medical director.	36
Lay administrator and governing body chairperson.	171
Medical director and governing body chairperson	2
Lay administrator, medical director, and governing body chairperson	61

****

I. Biographical
  1. Year of birth and medical background information
    a. Year born:

1901--1905	2
1906--1910	8
1911--1915	15
1916--1920	19
1921--1925	24
1926--1930	29
1931--1935	23
1936--1940	7
1941--1945	2

TABLE GB-1 (CONTINUED--2 OF 11)

1. (Continued)
   b. Medical specialty:

Anesthesiology	1
Colon and rectal surgery	1
Dermatology.	3
Family practice.	30
Internal medicine.	39
Neurological surgery	1
Nuclear medicine	0
Obstetrics-Gynecology.	12
Opthalmology	5
Orthopedic surgery	14
Otolaryngology	4
Pathology.	3
Pediatrics	14
Physical medicine and rehabilitation	0
Plastic surgery.	2
Preventive medicine.	0
Psychiatry and neurology	1
Radiology.	7
Surgery.	38
Thoracic surgery	2
Urology.	4

TABLE GB-1 (CONTINUED--3 OF 11)

1. (Continued)
   c. Years practiced medicine:

1--5	9
6--10	21
11--15	31
16--20	35
21--25	40
26--30	24
31--35	17
36--40	17
41--45	2
46--50	1

----

d. Years as chairperson of governing body:

1--3	138
4--6	23
7--9	12
10--12	10
13--15	8
16--18	1
19--21	0
22--24	0
25--27	3
28--30	2
31--33	1

****

TABLE GB-1 (CONTINUED--4 OF 11)

II. Organizational information

2. Legal type of organization providing medical services:

Association.	12
Foundation	2
Partnership.	59
Professional corporation	93
Sole proprietorship. . .	0
Other.	3

****

3. Governing body of organization:

Association	4
Board of directors/trustees/regents	80
Executive/management committee. . .	35
Foundation.	7
Partnership	16
Sole proprietorship/founder	1
Stockholders.	16
Other	10

****

4. Number of governing body members who are:
   a. Clinic administrator(s):

0	86
1	72
2	7

TABLE GB-1 (CONTINUED--5 OF 11)

4. (Continued)

b. Community business leader(s):		
	0	158
	1	2
	2	0
	3	0
	4	1
	5	0
	6	0
	7	0
	8	1
	9	2
------------------------		
c. Consumer(s):		
	0	163
	⋮	
	6	1
	⋮	
	9	1
------------------------		
d. Physician(s):		
	0	1
	1--3.	32
	4--6.	78
	7--9.	39
	10--12	5
	13--15	2

TABLE GB-1 (CONTINUED--6 OF 11)

4. d. (Continued)

16--18	2
19--21	1

----

e. Other(s):

0	158
1	2
2	1
⋮	
6	2
⋮	
8	1

****

5. Tenure of office (years) for members of the governing body:

1.	62
2.	26
3.	29
4.	4
5.	3
6.	2
7.	1
8.	2
⋮	
11	1
⋮	
Life or indefinite	36

****

TABLE GB-1 (CONTINUED--7 OF 11)

6. Financial remuneration for governing body:

No.	122
Yes	46

****

7. Governing body meets:

Annually.	4
Monthly .	81
Quarterly	8
Two weeks	31
Weekly. .	39
Other . .	3

****

8. The membership of the governing body includes:

All physicians, both participating and salaried	17
Only member (participating) physicians.	28
Individuals who are elected by both participating and salaried physicians in the group	10
Individuals who are elected by member (participating) physicians only	92
Other	17

****

9. One becomes chairperson of the governing body through:

Election by the governing body	102
Election by the partners, associates, etc.	31
Rotation among department heads.	0
Rotation among governing body.	10
Rotation among partners.	6

TABLE GB-1 (CONTINUED--8 OF 11)

9. (Continued)

Virtue of being founder.	3
Virtue of seniority.	2
Other.	10

****

10. Customary length of tenure for the chairperson of the governing body (years):

1.	85
2.	19
3.	4
4.	2
5.	4
⋮	
10	2
⋮	
15	1
⋮	
18	1
⋮	
Life or indefinite	24

****

11. Hours per month spent by chairperson on governing activities:

1--10	84
11--20	41
21--30	12
31--40	2
41--50	2
51--60	2

TABLE GB-1 (CONTINUED--9 OF 11)

11. (Continued)

61--70	1
71--80	1
. . .	
100	1
. . .	
120	1
. . .	
150	1
. . .	
200	2
. . .	
250	1

****

12. Day-to-day decisions between meetings of the governing body made by:

a. Financial business of the clinic:

Chairperson/president	16
Controller.	1
Lay administrator	116
Lay administrator and chairperson	13
Medical director.	3
Physician/medical staff	1
Other	12

----

b. Medical activities of the clinic:

Chairperson.	67
Department head.	1
Lay administrator.	8

TABLE GB-1 (CONTINUED--10 OF 11)

12. b. (Continued)

Lay administrator and chairman	11
Lay administrator and medical director	1
Medical director	34
Physician.	19
Other.	19

****

13. Authority and responsibilities of governing body defined in written statement:

No.	76
Yes	86

****

14. Presently conducting research activities which are funded by sources outside the group practice:

No.	142
Yes	25

****

15. Continuing education programs within the group:
    a. Presently conduct continuing education programs, such as a regular series of medical conferences, for the entire physician staff:

No.	93
Yes	69

----

b. Number of educational meetings per month:

0	0
1--5.	58
6--10	4
11--15	1
16--20	0

TABLE GB-1 (CONTINUED--11 OF 11)

15. b. (Continued)

21--25	1
26--30	2

****

16. Presence of a centralized medical library in the clinic:

No.	63
Yes	103

****

17. Clinic committee audits medical records formally and systematically:

No.	114
Yes	51

****

18. New physicians are selected by:

All member physicians.	22
Department decision.	28
Governing body	74
Medical director	10
Procurement committee/director	15
Other.	15

****

TABLE GB-2

Frequency Distribution of Governing Bodies' Responses to Standard List of Administrative Tasks

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. For each task, the governing body chairperson indicated if the task was performed in the medical group. The frequencies of these responses are included in Table GB-2 in column 1, "Task Performed."

If the task was performed by someone in his group, the chairperson indicated who was chiefly responsible for satisfactory performance of the task according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator. The frequencies of these responses are included in Table GB-2 in column 2, "Chief Responsibility."

Regardless of whom the chairperson indicated to be chiefly responsible for satisfactory performance of the task, the chairperson indicated the extent of the Governing Bodies' involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). The frequencies of these responses are included in Table GB-2 in column 3, "Personal Involvement."

TABLE GB-2

FREQUENCY DISTRIBUTION OF GOVERNING BODIES' RESPONSES TO STANDARD LIST OF ADMINISTRATIVE TASKS

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:												
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	100	133	5	89	8	18	10	26	36	41	15	14
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	44	192	6	120	19	24	18	25	54	59	18	29
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	80	152	7	73	20	37	8	11	31	47	24	33
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:												
a. New medical equipment and procedures.	12	221	5	36	34	112	21	9	20	62	54	68
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	8	225	0	200	6	14	0	41	67	62	23	20
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	23	210	2	149	21	23	7	21	65	65	24	22
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	5	228	1	197	7	10	3	47	77	49	23	17
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	36	196	4	15	29	129	9	12	19	42	41	71

TABLE GB-2 (CONTINUED--2 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	17	215	0	126	8	66	5	27	41	53	47	34
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.	69	163	9	35	20	62	28	19	29	38	29	35
6. Establish/approve the need to replace existing or purchase additional medical equipment.	6	226	2	40	30	130	12	9	30	59	52	61
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	5	227	2	165	6	41	4	37	58	60	29	28
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	4	227	0	208	2	9	6	90	64	36	7	18
9. Approve purchases of equipment or services costing in excess of $1,000.	1	230	0	29	14	170	8	8	19	52	57	86
10. Establish/approve:												
a. Criteria for quality care....................................	57	173	0	5	24	112	27	1	16	35	35	80
b. Policies governing your group's organizational structure and type.	16	215	2	16	14	159	14	3	22	51	41	92
c. Policies governing the number and kind of patients that your group will serve.	65	166	10	13	13	111	16	3	13	38	44	61
d. Policies governing the growth or reduction in the number of physicians in your group.	16	215	3	4	20	160	21	1	13	30	60	104
e. Policies governing the growth or reduction in the number of administrators in your group.	47	184	2	29	9	129	7	7	22	36	39	73

TABLE GB-2 (CONTINUED--3 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
10. Continued.												
f. Policies governing the specialty mix of your group's physicians.	51	180	1	1	22	133	19	3	14	35	40	79
g. Financial policies	3	228	0	70	3	134	8	10	26	46	50	84
h. Accounting policies	4	227	2	184	2	28	4	61	72	40	20	22
i. Physician personnel policies	17	242	2	16	31	145	9	3	21	40	50	91
j. Non-physician personnel policies	2	229	2	192	3	21	4	43	86	48	19	18
11. Develop long-range master plans (e.g., facility, financial, etc.).	32	198	3	52	15	95	22	7	27	53	35	67
12. Approve long-range master plans (e.g., facility, financial, etc.).	35	196	2	10	4	158	12	5	19	41	42	80
13. Search and negotiate for investment capital	80	150	5	98	11	28	7	35	29	32	18	32
14. Approve your group's operating budget	48	183	0	28	3	136	6	14	17	42	34	65
15. Develop, review, and/or revise standard operating procedures for:												
a. Delivering patient care	43	188	4	14	33	103	25	3	21	51	43	60
b. Physician personnel administration	38	192	3	19	39	110	13	4	27	56	39	65
c. Non-physician personnel administration	12	219	3	195	2	10	5	54	87	37	16	15
d. Utilization control (non-physician)	53	178	2	154	3	11	6	51	67	33	10	9

TABLE GB-2 (CONTINUED--4 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
15. Continued.												
e. Cost controls	18	113	1	171	4	21	5	43	53	51	25	29
f. Billing and collecting	5	226	0	214	1	3	5	86	66	38	13	12
g. Interacting and dealing with outside agencies	15	216	2	183	10	16	5	60	71	39	19	16
h. Gathering, processing, and evaluating information important to your group.	17	214	4	163	9	21	6	42	59	51	32	21
16. Approve standard operating procedures (new or revised) for:												
a. Delivering patient care	38	192	4	9	24	134	15	4	25	42	42	68
b. Physician personnel administration	41	189	1	20	27	128	6	8	20	41	33	77
c. Non-physician personnel administration	13	217	1	167	2	38	4	47	73	47	22	17
d. Utilization control (non-physician)	42	187	0	148	1	30	5	50	66	33	14	15
e. Cost controls	16	213	1	151	3	46	4	45	49	44	38	27
f. Billing and collecting	6	224	0	175	2	137	3	62	71	41	22	16
g. Interacting and dealing with outside agencies	24	206	2	126	6	55	6	45	59	41	29	23
h. Gathering, processing, and evaluating information important to your group.	20	210	3	126	11	52	6	36	50	51	34	27

TABLE GB-2 (CONTINUED--5 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
17. Enforce adherence to standard operating procedures by:												
a. Physician members (participating)........................	40	190	1	8	31	132	6	2	21	35	47	77
b. Physician employees (salaried)...........................	38	192	1	27	35	114	5	7	28	30	44	76
c. Nurses and medical technicians...........................	12	218	3	135	13	34	16	26	61	65	34	19
d. Receptionists, clerks, and maintenance personnel.........	7	224	1	200	0	8	7	78	79	30	16	9
e. Administrative staff......................................	14	217	0	145	11	52	4	49	53	40	26	38
18. Develop physician staffing plans.........................	41	189	4	18	34	106	19	7	23	49	53	50
19. Develop non-physician staffing plans.....................	30	200	0	176	1	12	6	58	64	42	16	10
20. Approve staffing plans...................................	34	196	0	38	10	133	6	10	30	49	44	51
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:												
a. Physician members (participating)........................	85	145	0	6	22	102	10	8	17	34	34	50
b. Physician employees (salaried)...........................	72	158	0	23	25	93	11	13	22	31	40	49
c. Nurses and medical technicians...........................	20	210	1	148	7	27	18	41	58	57	25	18
d. Receptionists, clerks, and maintenance personnel.........	11	195	1	200	0	7	6	79	79	30	9	11
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:												
a. Physician members (participating)........................	85	141	1	4	18	109	5	5	16	24	38	57

TABLE GB-2 (CONTINUED--6 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
22. Continued.												
b. Physician employees (salaried)	69	157	0	9	25	111	6	5	22	25	38	62
c. Nurses and medical technicians	23	203	1	109	11	60	14	31	50	57	29	24
d. Receptionists, clerks, and maintenance personnel	15	211	0	166	2	34	5	61	81	26	13	19
e. Administrative staff	17	209	0	115	8	75	4	38	56	30	31	44
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:												
a. Physician members (participating)	13	214	1	21	18	149	14	4	16	38	69	79
b. Physician employees (salaried)	17	210	1	25	17	141	14	6	16	37	56	84
c. Nurses and medical technicians	7	220	0	152	6	44	7	38	56	47	49	19
d. Receptionists, clerks, and maintenance personnel	4	222	0	182	1	29	4	61	65	44	26	15
24. Approve payment plans/salary schedules and benefits (new or revised) for:												
a. Physician members (participating)	14	213	1	5	15	171	14	3	18	33	47	103
b. Physician employees (salaried)	18	209	1	7	12	171	10	4	21	31	47	96
c. Nurses and medical technicians	8	219	0	93	10	99	7	22	55	43	39	48
d. Receptionists, clerks, and maintenance personnel	4	223	0	118	4	89	4	37	61	39	35	38
e. Administrative staff	5	222	1	80	6	121	6	19	44	37	41	69

TABLE GB-2 (CONTINUED--7 OF 12)

	1. Task Performed No	1. Task Performed Yes	2. Chief Responsibility NO	LA	MD	GB	OT	3. Personal Involvement 1	2	3	4	5
25. Recruit the following to fill openings in your organization:												
a. Physician members (participating)	23	204	5	24	32	94	39	4	22	37	40	92
b. Physician employees (salaried)	12	215	2	33	32	91	43	8	24	37	44	92
c. Nurses and medical technicians	8	218	0	186	5	6	14	66	73	35	22	9
d. Receptionists, clerks, and maintenance personnel	5	222	0	204	1	4	11	196	67	20	8	8
26. Negotiate salary and benefit contracts with organized groups of personnel.	137	90	0	75	3	8	3	27	34	10	9	9
27. Approve contracts with organized groups of personnel	139	88	0	36	0	44	3	12	25	10	14	22
28. Approve appointment/hiring of:												
a. Physician members (participating)	20	208	2	3	18	159	21	0	11	28	42	117
b. Physician employees (salaried)	11	216	1	8	15	166	20	2	10	27	46	111
c. Nurses and medical technicians	8	220	1	149	9	35	16	53	61	47	28	20
d. Receptionists, clerks, and maintenance personnel	6	222	0	196	2	14	6	94	62	29	11	12
e. Administrative staff	8	220	2	125	6	77	6	48	44	34	24	56
29. Approve end of probationary appointments for physicians	29	197	0	3	14	153	22	1	11	32	37	107
30. Negotiate contracts with physicians who wish to join the group.	12	216	0	42	31	112	15	7	12	39	45	100

TABLE GB-2 (CONTINUED--8 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
31. Orient and train new personnel:												
a. Physician members (participating)	54	171	1	30	45	65	20	9	25	44	33	53
b. Physician employees (salaried)	32	194	2	35	54	65	27	10	35	47	34	60
c. Nurses and medical technicians	12	215	3	130	9	12	49	72	64	49	12	8
d. Receptionists, clerks, and maintenance personnel	5	222	0	192	0	3	29	128	57	18	4	3
32. Survey the job satisfaction of:												
a. Physician members (participating)	63	163	3	11	32	102	6	6	13	29	38	68
b. Physician employees (salaried)	50	176	2	17	36	104	6	5	17	31	41	73
c. Nurses and medical technicians	30	197	1	146	8	17	19	55	69	34	19	7
d. Receptionists, clerks, and maintenance personnel	27	199	0	177	0	6	10	91	64	19	12	4
e. Administrative staff	32	193	2	125	6	53	2	51	49	24	25	35
33. Conduct job performance evaluations for:												
a. Physician members (participating)	128	98	2	8	16	60	8	5	15	14	27	31
b. Physician employees (salaried)	101	125	2	10	18	73	12	6	18	19	33	41
c. Nurses and medical technicians	49	178	4	118	7	19	24	49	65	33	12	8
d. Receptionists, clerks, and maintenance personnel	38	189	1	166	0	6	12	91	57	17	4	7
e. Administrative staff	48	179	2	122	4	45	4	59	41	21	14	32

TABLE GB-2 (CONTINUED--9 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
34. Approve promotions of:												
a. Physician members (participating)	103	126	1	2	8	192	9	5	7	12	34	60
b. Physician employees (salaried)	56	174	0	4	17	123	25	5	11	23	46	79
c. Nurses and medical technicians	24	206	0	134	12	41	13	60	54	45	23	23
d. Receptionists, clerks, and maintenance personnel	17	214	0	175	1	23	8	83	64	27	13	16
e. Administrative staff.	23	205	1	128	3	67	5	45	51	32	25	44
35. Approve dismissals and terminations of:												
a. Physician employees (salaried)	21	209	0	2	22	162	16	4	12	18	42	112
b. Nurses and medical technicians	9	222	0	134	10	61	9	48	48	40	36	39
c. Receptionists, clerks, and maintenance personnel.	6	225	0	190	1	26	4	89	64	29	14	17
d. Administrative staff	9	221	1	123	5	81	5	53	43	26	30	57
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	24	206	0	37	20	125	11	11	14	17	39	112
37. Interpret group policy and clarify procedures for staff and employees.	8	221	1	136	21	50	4	30	45	55	44	37
38. Counsel, to assist with personal problems:												
a. Physician members (participating)	68	162	5	26	55	50	16	9	17	35	38	58
b. Physician employees (salaried).	72	158	5	27	55	48	14	18	18	35	38	55

TABLE GB-2 (CONTINUED--10 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
38. Continued.												
c. Nurses and medical technicians.	46	184	3	141	10	4	19	51	65	46	10	6
d. Receptionists, clerks, and maintenance personnel.	44	185	1	163	4	1	11	89	59	23	4	4
39. Mediate/arbitrate interpersonal problems:												
a. Among physicians.	32	198	3	12	64	102	10	7	17	30	33	101
b. Among nurses and medical technicians.	25	207	0	157	12	11	17	52	69	44	17	13
c. Among receptionists, clerks, and maintenance personnel.	16	213	0	197	1	4	8	98	68	20	5	9
d. Among administrative staff.	28	201	0	139	12	40	4	54	49	25	25	35
e. Between physicians and nurses.	26	204	2	78	40	58	15	20	35	45	40	53
f. Between physicians and administrators.	28	202	3	17	47	118	11	10	20	25	43	97
40. Discipline:												
a. Physician members (participating).	63	168	0	3	25	124	8	4	13	20	36	89
b. Physician employees (salaried).	53	177	0	7	30	125	6	5	14	23	33	96
c. Nurses and medical technicians.	26	205	0	158	11	16	14	56	61	42	19	14
d. Receptionists, clerks, and maintenance personnel.	19	212	0	198	1	6	6	93	66	24	7	7
e. Administrative staff.	28	203	0	132	10	53	6	49	49	28	21	45

TABLE GB-2 (CONTINUED--11 OF 12)

	1. Task Performed		2. Chief Responsibility					3. Personal Involvement				
	No	Yes	NO	LA	MD	GB	OT	1	2	3	4	5
41. Secure liability insurance coverage for your group and/or your physicians.	3	228	1	179	4	31	6	38	53	55	22	47
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	93	137	0	111	6	7	7	29	35	38	18	12
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	4	227	0	200	5	6	10	77	77	36	12	12
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	33	196	1	115	35	27	9	38	44	46	30	28
45. Represent the group or individual physicians in court appearance on collection cases.	94	136	4	102	5	2	22	86	25	6	4	5
46. Represent the group or individual physicians in court appearances on malpractice litigation.	107	123	6	12	21	26	55	43	17	15	20	23
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	179	52	3	12	14	4	19	15	14	9	6	7
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	65	165	1	119	18	5	15	53	48	29	12	15
49. Represent your group at health care workshops and meetings.	43	188	3	81	37	20	26	44	45	43	22	24
50. Represent your group in civic matters and projects.	56	175	5	91	26	12	26	33	51	39	21	21
51. Participate in public health education efforts.	76	155	4	19	36	30	45	17	38	44	27	22
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.	108	123	1	44	25	19	20	15	19	39	19	25

TABLE GB-2 (CONTINUED--12 OF 12)

	1. Task Performed No	1. Task Performed Yes	2. Chief Responsbility NO	LA	MD	GB	OT	3. Personal Involvement 1	2	3	4	5
53. Work with the news media in releasing public and civic interest stories.	105	126	3	79	15	11	12	24	30	33	15	17
54. Negotiate medical services covered under health care contracts with organized consumer groups.	114	117	0	84	8	12	4	24	27	26	20	13
55. Negotiate fees or prices for health care contracts with organized consumer groups.	118	113	0	81	6	16	3	21	27	21	18	18
56. Approve contracts with organized consumer groups.	120	110	0	24	5	69	6	6	15	29	22	31
57. Settle grievances with industrial or group accounts...........	92	136	2	111	5	7	7	33	43	27	12	12
58. Work with third party payors to assure efficient collections for the group.	28	202	0	186	0	3	8	8	58	25	13	5

TABLE GB-3

Frequency Distribution of Governing Bodies' Responses to Decision Table

Included in the survey questionnaire was the Decision Table. The Decision Table consisted of a number of hypothetical changes that might be made in a medical group practice. After reviewing the list, the Governing Body Chairperson indicated the person or group who would have final authority in making the decision before the change would be made. The chairperson also indicated all those persons or groups who would participate in the decision. The frequencies of these responses are presented in Table GB-3.

TABLE GB-3

Frequency Distribution of Governing Bodies' Responses to Decision Table

---

1. Final authority for decision

a. Initiate a new patient education program for diabetics:

Governing body	93
Medical director	16
Administrator	1
Medical department head	35
Non-medical department supervisor	1
Individual physician	46
Other	15

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b. Setting the fee schedules for the clinic:

Governing body	173
Medical director	6
Administrator	15
Medical department head	2
Non-medical department supervisor	1
Individual physician	14
Other	9

----

c. Change in the level of remuneration for an individual physician member (participating):

Governing body	177
Medical director	5
Administrator	3
Medical department head	4

TABLE GB-3 (CONTINUED--2 OF 14)

1. c. (Continued)

Non-medical department supervisor	0
Individual physician	2
Other	19

d. Change in the hours of clinic service:

Governing body	174
Medical director	7
Administrator	12
Medical department head	1
Non-medical department supervisor	0
Individual physician	7
Other	18

e. Establish a new cost finding system for the clinic:

Governing body	104
Medical director	4
Administrator	107
Medical department head	0
Non-medical department supervisor	0
Individual physician	0
Other	6

f. Redecorate and refurnish the clinic waiting room:

Governing body	137
Medical director	6

TABLE GB-3 (CONTINUED--3 OF 14)

1. f. (Continued)

Administrator	63
Medical department head	1
Non-medical department supervisor	0
Individual physician.	1
Other	10

g. Business insurance decisions for the group (e.g., liability insurance not fringe benefits):

Governing body.	153
Medical director.	1
Administrator	55
Medical department head	1
Non-medical department supervisor	0
Individual physician.	2
Other	7

h. Termination of a non-physician professional person:

Governing body.	76
Medical director.	5
Administrator	129
Medical department head	3
Non-medical department supervisor	1
Individual physician.	1
Other	4

TABLE GB-3 (CONTINUED--4 OF 14)

1. (Continued)
   I. Approval of a feasibility study on a partial pre-paid medical program in the group:

Governing body.	173
Medical director.	2
Administrator	20
Medical department head	0
Non-medical department supervisor	0
Individual physician.	3
Other	11

   J. Routine work assignment scheduling for clerical personnel in business office:

Governing body.	3
Medical director.	2
Administrator	194
Medical department head	0
Non-medical department supervisor	19
Individual physician.	0
Other	5

****

2. Persons who participate in decision
   a. Initiate a new patient education program for diabetics:
      (1) Governing body:

No.	193
Yes	43

TABLE GB-3 (CONTINUED--5 OF 14)

2. a. (Continued)
(2) Medical director:

No.	179
Yes	57

(3) Administrator:

No.	145
Yes	91

(4) Medical department head:

No.	172
Yes	64

(5) Non-medical department supervisor:

No.	205
Yes	31

(6) Individual physician:

No.	126
Yes	110

(7) Other:

No.	220
Yes	16

b. Setting the fee schedules for the clinic:
(1) Governing body:

No.	202
Yes	34

TABLE GB-3 (CONTINUED--6 OF 14)

2. b. (Continued)
(2) Medical director:

No.	171
Yes	65

(3) Administrator:

No.	85
Yes	151

(4) Medical department head:

No.	180
Yes	56

(5) Non-medical department supervisor:

No.	219
Yes	17

(6) Individual physician:

No.	133
Yes	103

(7) Other:

No.	221
Yes	15

c. Change in the level of remuneration for an individual physician member (participating):
(1) Governing body:

No.	218
Yes	18

TABLE GB-3 (CONTINUED--7 OF 14)

2. c. (Continued)

(2) Medical director:

No.	182
Yes	54

(3) Administrator:

No.	129
Yes	107

(4) Medical department head:

No.	209
Yes	27

(5) Non-medical department supervisor:

No.	232
Yes	4

(6) Individual physician:

No.	164
Yes	72

(7) Other:

No.	221
Yes	15

d. Change in the hours of clinic service:

(1) Governing body:

No.	211
Yes	25

TABLE GB-3 (CONTINUED--8 OF 14)

2. d. (Continued)
(2) Medical director:

No.	176
Yes	60

(3) Administrator:

No.	88
Yes	148

(4) Medical department head:

No.	195
Yes	41

(5) Non-medical department supervisor:

No.	213
Yes	23

(6) Individual physician:

No.	159
Yes	77

(7) Other:

No.	277
Yes	9

e. Establish a new cost finding system for the clinic:
(1) Governing body:

No.	183
Yes	53

TABLE GB-3 (CONTINUED--9 OF 14)

2. e. (Continued)
(2) Medical director:

No.	187
Yes	49

(3) Administrator:

No.	137
Yes	99

(4) Medical department head:

No.	217
Yes	19

(5) Non-medical department supervisor:

No.	197
Yes	39

(6) Individual physician:

No.	208
Yes	28

(7) Other:

No.	224
Yes	12

f. Redecorate and refurnish the clinic waiting area:
(1) Governing body:

No.	197
Yes	39

TABLE GB-3 (CONTINUED--10 OF 14)

2. f. (Continued)
(2) Medical director:

No.	194
Yes	42

(3) Administrator:

No.	104
Yes	131

(4) Medical department head:

No.	220
Yes	16

(5) Non-medical department supervisor:

No.	212
Yes	24

(6) Individual physician:

No.	201
Yes	35

(7) Other:

No.	226
Yes	10

g. Business insurance decisions for the group (e.g., liability insurance, not fringe benefits):
(1) Governing body:

No.	195
Yes	41

TABLE GB-3 (CONTINUED--11 OF 14)

2. g. (Continued)
(2) Medical director:

	No.	186
	Yes	50

(3) Administrator:

	No.	104
	Yes	132

(4) Medical department head:

	No.	224
	Yes	12

(5) Non-medical department supervisor:

	No.	230
	Yes	6

(6) Individual physician:

	No.	198
	Yes	38

(7) Other:

	No.	224
	Yes	12

h. Termination of a non-physician professional person:
(1) Governing body:

	No.	194
	Yes	42

TABLE GB-3 (CONTINUED--12 OF 14)

2. h. (Continued)
(2) Medical director:

No.	191
Yes	45

(3) Administrator:

No.	168
Yes	68

(4) Medical department head:

No.	201
Yes	35

(5) Non-medical department supervisor:

No.	191
Yes	45

(6) Individual physician:

No.	175
Yes	59

(7) Other:

No.	232
Yes	4

i. Approval of a feasibility study on a partial pre-paid medical program in the group:
(1) Governing body:

No.	208
Yes	28

TABLE GB-3 (CONTINUED--13 OF 14)

2. I. (Continued)

(2) Medical director:

No.	171
Yes	65

(3) Administrator:

No.	86
Yes	150

(4) Medical department head:

No.	207
Yes	29

(5) Non-medical department supervisor:

No.	221
Yes	15

(6) Individual physician:

No.	187
Yes	49

(7) Other:

No.	228
Yes	8

TABLE GB-3 (CONTINUED--14 OF 14)

2. (Continued)
   j. Routine work assignment scheduling for clerical personnel in business office:
      (1) Governing body:

No.	213
Yes	23

(2) Medical director:

No.	222
Yes	14

(3) Administrator:

No.	212
Yes	24

(4) Medical department head:

No.	228
Yes	8

(5) Non-medical department head:

No.	173
Yes	63

(6) Individual physician:

No.	227
Yes	9

(7) Other:

No.	233
Yes	3

TABLE GB-4

Frequency Distribution of Governing Bodies' Responses to Critical Tasks

Included in the survey questionnaire was the Critical Tasks Section. In this section, the governing body chairperson listed the five most important tasks that were performed by the governing body. Later, these tasks were content analyzed using a functional task analysis adapted from procedures developed by Fine (1955, 1965, 1971). The frequencies of responses in each functional category are presented in Table GB-4.

TABLE GB-4

FREQUENCY DISTRIBUTION OF GOVERNING BODIES' RESPONSES TO CRITICAL TASKS

1. **First most important task**
   - a. **Data:**

(1) No significant relationship	2
(2) No significant relationship	
(3) Comparing	0
(4) Copying	0
(5) Computing	1
(6) Compiling	37
(7) Analyzing	67
(8) Coordinating.	27
(9) Synthesizing.	1

   - b. **People:**

(1) No significant relationship	0
(2) Serving	0
(3) Speaking--Signaling	1
(4) Persuading.	7
(5) Diverting	0
(6) Supervising	9
(7) Instructing	0
(8) Negotiating	25
(9) Mentoring	0

TABLE GB-4 (CONTINUED--2 OF 5)

2. Second most important task
a. Data:

(1) No significant relationship	0
(2) No significant relationship	
(3) Comparing	1
(4) Copying	0
(5) Computing	5
(6) Compiling	37
(7) Analyzing	59
(8) Coordinating.	10
(9) Synthesizing.	0

----

b. People:

(1) No significant relationship	0
(2) Serving	1
(3) Speaking--Signaling	0
(4) Persuading.	14
(5) Diverting	0
(6) Supervising	15
(7) Instructing	1
(8) Negotiating	25
(9) Mentoring	2

TABLE GB-4 (CONTINUED--3 OF 5)

3. Third most important task
   a. Data:

(1)	No significant relationship	
		1
(2)	No significant relationship	
(3)	Comparing	1
(4)	Copying	0
(5)	Computing	5
(6)	Compiling	18
(7)	Analyzing	59
(8)	Coordinating.	6
(9)	Synthesizing.	0

----

b. People

(1)	No significant relationship	1
(2)	Serving	0
(3)	Speaking--Signaling	4
(4)	Persuading.	14
(5)	Diverting	1
(6)	Supervising	20
(7)	Instructing	4
(8)	Negotiating	21
(9)	Mentoring	1

TABLE GB-4 (CONTINUED--4 OF 5)

4. Fourth most important task

a. Data:

(1)	No significant relationship	0
(2)	No significant relationship	
(3)	Comparing	0
(4)	Copying	0
(5)	Computing	6
(6)	Compiling	29
(7)	Analyzing	56
(8)	Coordinating	2
(9)	Synthesizing	0

b. People:

(1)	No significant relationship	1
(2)	Serving	0
(3)	Speaking--Signaling	1
(4)	Persuading	10
(5)	Diverting	2
(6)	Supervising	20
(7)	Instructing	1
(8)	Negotiating	16
(9)	Mentoring	0

TABLE GB-4 (Continued--5 of 5)

5. Fifth most important task
   a. Data:

(1)	No significant relationship	1
(2)	No significant relationship	
(3)	Comparing	2
(4)	Copying	0
(5)	Computing	0
(6)	Compiling	26
(7)	Analyzing	38
(8)	Coordinating	0
(9)	Synthesizing	0

   b. People:

(1)	No significant relationship	0
(2)	Serving	0
(3)	Speaking--Signaling	3
(4)	Persuading	20
(5)	Diverting	1
(6)	Supervising	16
(7)	Instructing	3
(8)	Negotiating	10
(9)	Mentoring	0

TABLE GB-5

Percentage of Governing Bodies' Responses
By Size and Payment Mechanism--Organizational and Biographical Data

Part of the survey questionnaire included biographical and organizational questions. The governing body chairpersons' answers to these questions were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical groups--small, medium, large--and by the payment mechanisms employed by the groups--prepayment or fee for service. Table GB-5 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each response category. For each response category, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups.

For example, 13% of chairpersons from medium, prepaid groups were born between 1906 and 1910 (1a); 11% of chairpersons from large fee for service groups were born between 1916 and 1920 (1a).

TABLE GB-5

PERCENTAGE OF GOVERNING BODIES' RESPONSES BY SIZE AND PAYMENT MECHANISM -ORGANIZATIONAL AND BIOGRAPHICAL DATA-

	Small	Medium	Large
Number of respondents			
Lay administrator only	57 62	39 38	53 28
Medical director only	2 1	0 0	0 0
Governing body chairperson only	2 0	0 0	0 0
Lay administrator and medical director	6 5	15 6	11 4
Lay administrator and governing body chairperson	26 26	19 45	16 48
Medical director and governing body chairperson	0 0	0 0	0 0
Lay administrator, medical director, and governing body chairperson	8 6	27 12	21 20

****

I. Biographical
  1. Year of birth and medical background information
    a. Year born:

	Small	Medium	Large
1901--1905	0 0	0 0	0 0
1906--1910	0 3	13 4	0 11
1911--1915	0 19	13 16	0 33
1916--1920	14 10	25 12	33 11
1921--1925	0 26	37 16	0 11
1926--1930	29 23	0 32	17 33
1931--1935	29 16	13 12	50 0
1936--1940	14 3	0 8	0 0
1941--1945	14 0	0 0	0 0

TABLE GB-5 (CONTINUED--2 OF 11)

1. (Continued)
   b. Medical specialty:

	Small	Medium	Large
Anesthesiology	0	0	0
	0	0	8
Colon and rectal surgery	0	0	0
	0	0	8
Dermatology	0	0	0
	0	5	0
Family practice	20	13	0
	27	10	0
Internal medicine	30	13	0
	24	18	17
Neurological surgery	0	0	17
	2	0	0
Nuclear medicine	0	0	0
	0	0	0
Obstetrics-Gynecology	0	0	17
	9	3	8
Opthalmology	0	0	17
	0	3	0
Orthopedic surgery	10	0	17
	4	3	8
Otolaryngology	0	0	0
	2	5	0
Pathology	0	0	0
	2	3	8
Pediatrics	0	13	0
	4	15	8
Physical medicine and rehabilitation	0	0	0
	0	0	0
Plastic surgery	10	0	0
	2	0	0
Preventive medicine	0	0	0
	0	0	0
Psychiatry and neurology	0	0	0
	2	0	0
Radiology	0	0	0
	6	8	0
Surgery	30	50	17
	16	28	17
Thoracic surgery	0	13	17
	0	0	0
Urology	0	0	0
	2	0	17

TABLE GB-5 (CONTINUED--3 OF 11)

1. (Continued)
   c. Years practiced medicine:

	Small	Medium	Large
1--5	0	0	0
	7	5	0
6--10	10	0	33
	11	10	8
11--15	10	13	17
	14	15	8
16--20	10	25	17
	21	22	33
21--25	20	13	0
	18	22	8
26--30	10	25	33
	14	7	17
31--35	20	0	0
	9	12	8
36--40	20	0	0
	7	7	17
41--45	0	25	0
	0	0	0
46--50	0	0	0
	0	0	0

----

   d. Years as chairperson of governing body:

	Small	Medium	Large
1--3	73	56	83
	67	77	67
4--6	9	11	0
	15	12	8
7--9	0	11	0
	8	5	0
10--12	0	0	17
	5	0	0
13--15	0	11	0
	5	3	17
16--18	0	0	0
	0	3	0
19--21	0	0	0
	0	0	0
22--24	0	0	0
	0	0	0
25--27	9	0	0
	0	0	8
28--30	0	11	0
	0	0	0
31--33	9	0	0
	0	0	0

****

TABLE GB-5 (CONTINUED--4 OF 11)

II. Organizational Information

2. Legal type of organization providing medical services:

	Small	Medium	Large
Association.	27	0	29
	2	6	14
Foundation	0	0	0
	3	0	0
Partnership.	9	46	14
	30	44	36
Professional corporation	55	54	43
	64	50	50
Sole proprietorship. . .	0	0	0
	0	0	0
Other.	9	0	14
	2	0	0

****

3. Governing body of organization:

	Small	Medium	Large
Association	0	0	0
	3	0	0
Board of directors/trustees/regents	77	54	57
	54	52	50
Executive/management committee. . .	15	46	43
	10	44	50
Foundation.	0	0	0
	2	0	0
Partnership	8	0	0
	16	4	0
Sole proprietorship/founder	0	0	0
	2	0	0
Stockholders.	0	0	0
	3	0	0
Other	0	0	0
	10	0	0

****

4. Number of governing body members who are:
a. Clinic administrator(s):

	Small	Medium	Large
0	60	73	57
	45	52	69
1	40	9	29
	55	44	15
2	0	18	14
	0	4	15

TABLE GB-5 (CONTINUED--5 OF 11)

4. (Continued)

b. Community business leader(s):

	Small	Medium	Large
0	80 98	100 98	86 92
1	0 0	0 0	14 8
2	0 0	0 0	0 0
3	0 0	0 0	0 0
4	0 0	0 2	0 0
5	0 0	0 0	0 0
6	0 0	0 0	0 0
7	0 0	0 0	0 0
8	0 2	0 0	0 0
9	20 0	0 0	0 0

----

c. Consumer(s):

	Small	Medium	Large
0	90 98	100 100	100 100
. . .			
6	0 2	0 0	0 0
. . .			
9	10 0	0 0	0 0

----

d. Physician(s):

	Small	Medium	Large
0	10 0	0 0	0 0
1--3.	20 28	9 18	0 8
4--6.	50 43	64 56	29 46
7--9.	10 20	27 20	71 46
10--12	10 6	0 0	0 0
13--15	0 3	0 0	0 0

TABLE GB-5 (CONTINUED--6 OF 11)

4. d. (Continued)

	Small	Medium	Large
16--18	0	0	0
	0	4	0
19--21	0	0	0
	0	2	0

----

e. Other(s):

	Small	Medium	Large
0	100	91	86
	97	98	92
1	0	9	14
.	0	0	0
2	0	0	0
.	2	0	0
6	0	0	0
.	2	2	0
8	0	0	0
	0	0	8

****

5. Tenure of office (years) for members of the governing body:

	Small	Medium	Large
1.	30	36	29
	45	34	36
2.	20	36	14
	6	20	21
3.	20	18	43
	8	24	21
4.	0	0	14
	2	2	7
5.	0	0	0
	0	6	0
6.	10	0	0
	0	0	7
7.	0	0	0
	0	0	7
8.	0	0	0
.	0	2	0
11	0	0	0
.	2	0	0
Life or indefinite	20	9	0
	38	12	0

****

TABLE GB-5 (CONTINUED--7 OF 11)

6. Financial remuneration for governing body:

	Small	Medium	Large
No.	91	73	57
	83	66	43
Yes	9	27	43
	17	34	57

****

7. Governing body meets:

	Small	Medium	Large
Annually.	0	0	0
	6	0	0
Monthly .	36	36	29
	62	52	14
Quarterly	9	0	14
	5	4	7
Two weeks	9	36	43
	14	16	43
Weekly. .	46	27	14
	11	28	29
Other . .	0	0	14
	2	0	7

****

8. The membership of the governing body includes:

	Small	Medium	Large
All physicians, both participating and salaried	9	0	0
	20	4	0
Only member (participating) physicians.	18	18	0
	30	8	0
Individuals who are elected by both participating and salaried physicians in the group	9	0	14
	8	6	0
Individuals who are elected by member (participating) physicians only	46	82	71
	33	74	85
Other	18	0	14
	9	8	15

****

9. One becomes chairperson of the governing body through:

	Small	Medium	Large
Election by the governing body	70	64	57
	56	67	93
Election by the partners, associates, etc.	20	27	14
	16	22	7
Rotation among department heads.	0	0	0
	0	0	0
Rotation among governing body.	0	0	0
	9	6	0
Rotation among partners.	0	0	0
	8	0	0

TABLE GB-5 (CONTINUED--8 OF 11)

9. (Continued)

	Small	Medium	Large
Virtue of being founder.	10	0	0
	3	0	0
Virtue of seniority.	0	0	0
	2	2	0
Other.	0	9	29
	6	2	0

****

10. Customary length of tenure for the chairperson of the governing body (years):

	Small	Medium	Large
1.	78	70	43
	60	67	54
2.	0	20	0
	11	17	8
3.	0	0	14
	2	6	0
4.	0	0	0
	2	2	0
5.	0	0	14
	3	0	8
⋮			
10	0	0	0
	3	0	0
⋮			
15	0	0	0
	0	0	8
⋮			
18	0	0	0
	0	0	8
⋮			
Life or indefinite	22	10	29
	19	8	15

****

11. Hours per month spent by chairperson on governing activities:

	Small	Medium	Large
1--10	33	9	43
	71	56	42
11--20	56	46	29
	16	35	25
21--30	11	18	0
	8	7	8
31--40	0	0	0
	2	0	0
41--50	0	9	0
	0	2	0
51--60	0	18	0
	0	0	0

TABLE GB-5 (CONTINUED--9 OF 11)

11. (Continued)

	Small	Medium	Large
61--70	0 2	0 0	0 0
71--80	0 0	0 0	14 0
100	0 0	0 0	0 8
120	0 0	0 0	0 0
150	0 0	0 0	0 0
200	0 2	0 0	14 9
250	0 0	0 0	0 9

****

12. Day-to-day decisions between meetings of the governing body made by:

a. Financial business of the clinic:

	Small	Medium	Large
Chairperson/president	0 11	27 6	29 0
Controller.	0 2	0 0	0 0
Lay administrator	80 69	64 78	57 64
Lay administrator and chairperson	10 5	9 6	14 21
Medical director.	0 5	0 0	0 0
Physician/medical staff	0 2	0 0	0 0
Other	10 7	0 10	0 14

----

b. Medical activities of the clinic:

	Small	Medium	Large
Chairperson. . . , ...	40 39	36 40	57 64
Department head.	0 2	0 0	0 0
Lay administrator.	0 5	9 4	0 7

TABLE GB-5 (CONTINUED--10 OF 11)

12. b. (Continued)

	Small	Medium	Large
Lay administrator and chairman	0	9	0
	5	9	14
Lay administrator and medical director	0	0	0
	2	0	0
Medical director	30	36	43
	21	19	7
Physician.	20	0	0
	18	6	0
Other.	10	9	0
	10	21	7

****

13. Authority and responsibilities of governing body defined in written statement:

	Small	Medium	Large
No.	36	50	57
	56	37	29
Yes	64	50	43
	44	63	71

****

14. Presently conducting research activities which are funded by sources outside the group practice:

	Small	Medium	Large
No.	91	73	57
	92	90	57
Yes	9	27	43
	8	10	43

****

15. Continuing education programs within the group:
   a. Presently conduct continuing education programs, such as a regular series of medical conferences, for the entire physician staff:

	Small	Medium	Large
No.	54	27	57
	74	52	29
Yes	46	73	43
	26	48	71

----

   b. Number of educational meetings per month:

	Small	Medium	Large
0	0	0	0
	0	0	0
1--5.	100	100	50
	81	95	70
6--10	0	0	0
	13	5	10
11--15	0	0	0
	6	0	0
16--20	0	0	0
	0	0	0

TABLE GB-5 (CONTINUED--11 OF 11)

		Small	Medium	Large
15. b. (Continued)				
	21--25	0	0	0
		0	0	10
	26--30	0	0	50
		0	0	10
*************************				
16. Presence of a centralized medical library in the clinic:				
	No.	27	46	29
		33	46	36
	Yes	73	54	71
		67	54	64
*************************				
17. Clinic committee audits medical records formally and systematically:				
	No.	64	54	14
		89	62	43
	Yes	36	46	86
		11	38	57
*************************				
18. New physicians are selected by:				
	All member physicians.	27	9	0
		10	16	14
	Department decision.	0	18	0
		16	20	36
	Governing body	46	46	43
		59	29	36
	Medical director	18	18	14
		6	0	7
	Procurement committee/director	0	9	29
		3	18	0
	Other.	9	0	14
		6	16	7
************************				

TABLE GB-6

Percentage of Governing Bodies' Responses by Size and Payment Mechanism--Task Performance (Column 1 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. For each task, the governing body chairpersons responded as to whether the task was performed in their medical groups. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical groups--small, medium, large--and by the payment mechanisms employed by the groups--prepayment or fee for service.

Table GB-6 presents the cross tabulation by size in the three major columns and payment mechanism in two rows for each task. For each task, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents (in percentages) by fee for service groups.

For example, 66% of chairpersons from small prepaid groups indicated that the task to establish/approve criteria for quality care (10a) was performed in their medical groups; 21% of chairpersons from large fee for service groups indicated that this task (10a) was not performed in their medical groups.

TABLE GB-6

PERCENTAGE OF GOVERNING BODIES' RESPONSES BY SIZE AND PAYMENT MECHANISM
-TASK PERFORMANCE (COLUMN 1 OF STANDARD LIST)-

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:						
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	54	46	40	60	43	57
	44	56	49	51	29	71
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	15	85	0	100	14	86
	23	77	19	81	7	93
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	54	46	10	90	43	57
	38	62	38	62	8	92
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:						
a. New medical equipment and procedures.	8	92	20	80	14	86
	3	97	0	100	14	86
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	8	92	0	100	0	100
	3	97	2	98	7	93
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	8	92	0	100	0	100
	13	87	11	89	14	86
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	15	85	0	100	0	100
	2	98	0	100	7	93
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	42	58	0	100	14	86
	19	81	11	89	7	93

TABLE GB-6 (CONTINUED--2 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	15	85	0	100	0	100
	10	90	2	98	7	93
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.	39	61	10	90	29	71
	29	71	35	65	14	86
6. Establish/approve the need to replace existing or purchase additional medical equipment.	15	85	10	90	0	100
	0	100	0	100	7	93
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	15	85	0	100	0	100
	2	98	0	100	0	100
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	0	100	10	90	14	86
	3	97	0	100	0	100
9. Approve purchases of equipment or services costing in excess of $1,000.	0	100	0	100	14	86
	0	100	0	100	0	100
10. Establish/approve:						
a. Criteria for quality care...	33	66	20	80	29	71
	28	72	20	80	21	78
b. Policies governing your group's organizational structure and type.	15	85	0	100	0	100
	10	90	2	98	0	100
c. Policies governing the number and kind of patients that your group will serve.	23	77	10	90	43	57
	31	69	33	67	21	79
d. Policies governing the growth or reduction in the number of physicians in your group.	15	85	0	100	14	86
	9	91	2	98	0	100
e. Policies governing the growth or reduction in the number of administrators in your group.	31	69	0	100	29	71
	26	74	15	85	14	86

TABLE GB-6 (CONTINUED--3 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
10. Continued.						
f. Policies governing the specialty mix of your group's physicians.	31	69	10	90	14	86
	37	73	4	96	21	79
g. Financial policies	0	100	0	100	0	100
	4	96	0	100	0	100
h. Accounting policies.	0	100	0	100	0	100
	6	94	0	100	0	100
i. Physician personnel policies	31	69	0	100	0	100
	7	93	4	96	0	100
j. Non-physician personnel policies	0	100	0	100	0	100
	3	97	0	100	0	100
11. Develop long-range master plans (e.g., facility, financial, etc.).	25	75	0	100	29	71
	19	81	9	91	0	100
12. Approve long-range master plans (e.g., facility, financial, etc.).	23	77	20	80	29	71
	21	79	9	91	0	100
13. Search and negotiate for investment capital	25	75	30	70	29	71
	44	56	26	74	29	71
14. Approve your group's operating budget.	15	85	10	90	14	86
	32	68	20	80	14	86
15. Develop, review, and/or revise standard operating procedures for:						
a. Delivering patient care.	23	77	10	90	29	71
	16	84	26	74	7	93
b. Physician personnel administration	25	75	0	100	29	71
	18	82	15	85	0	100
c. Non-physician personnel administration.	8	92	0	100	0	100
	6	94	6	94	0	100
d. Utilization control (non-physician).	23	77	10	90	43	57
	26	74	22	78	21	79

TABLE GB-6 (CONTINUED--4 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
15. Continued.						
e. Cost controls.	8	92	10	90	14	86
	9	91	0	100	7	93
f. Billing and collecting.	0	100	10	90	0	100
	3	97	0	100	0	100
g. Interacting and dealing with outside agencies.	15	85	0	100	0	100
	6	94	11	89	0	100
h. Gathering, processing, and evaluating information important to your group.	8	92	0	100	14	86
	6	94	11	89	7	93
16. Approve standard operating procedures (new or revised) for:						
a. Delivering patient care.	23	77	10	90	29	71
	15	85	24	76	7	93
b. Physician personnel administration.	23	77	0	100	29	71
	19	81	16	84	7	93
c. Non-physician personnel administration.	15	85	0	100	0	100
	7	93	4	96	7	93
d. Utilization control (non-physician).	23	77	0	100	43	57
	21	79	18	82	7	93
e. Cost controls.	15	85	0	100	0	100
	9	91	2	98	7	93
f. Billing and collecting.	8	92	10	90	0	100
	2	98	0	100	7	93
g. Interacting and dealing with outside agencies.	31	67	19	90	0	100
	9	91	9	91	14	86
h. Gathering, processing, and evaluating information important to your group.	15	85	0	100	29	71
	9	91	9	91	14	86

TABLE GB-6 (CONTINUED--5 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
17. Enforce adherence to standard operating procedures by:						
a. Physician members (participating)	17	83	0	100	29	71
	23	77	9	91	14	86
b. Physician employees (salaried)	17	83	10	90	14	86
	25	75	11	89	7	93
c. Nurses and medical technicians	8	92	20	80	14	86
	4	96	2	98	14	86
d. Receptionists, clerks, and maintenance personnel	8	92	10	90	0	100
	2	98	4	96	0	100
e. Administrative staff	8	92	0	100	14	86
	7	93	7	93	0	100
18. Develop physician staffing plans	31	69	0	100	29	71
	19	81	13	87	7	93
19. Develop non-physician staffing plans	15	85	0	100	29	71
	15	85	11	89	0	100
20. Approve staffing plans	15	85	0	100	29	71
	18	82	9	91	14	86
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:						
a. Physician members (participating)	31	69	22	68	71	29
	38	62	41	59	29	71
b. Physician employees (salaried)	31	69	11	89	43	57
	37	63	35	65	14	86
c. Nurses and medical technicians	8	92	22	78	14	86
	10	90	4	96	14	86
d. Receptionists, clerks, and maintenance personnel	8	92	11	89	0	100
	4	96	2	98	7	93
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:						
a. Physician members (participating)	25	75	22	78	71	29
	37	63	39	61	29	71

TABLE GB-6 (CONTINUED--6 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
22. Continued.						
b. Physician employees (salaried)	25	75	0	100	43	57
	34	66	34	66	21	79
c. Nurses and medical technicians	9	91	22	78	29	71
	15	85	2	97	7	93
d. Receptionists, clerks, and maintenance personnel	8	91	11	89	14	86
	7	93	2	98	0	100
e. Administrative staff	8	92	0	100	29	71
	9	91	2	98	0	100
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:						
a. Physician members (participating)	8	92	0	100	14	86
	2	98	4	96	7	93
b. Physician employees (salaried)	17	83	0	100	14	86
	10	90	4	96	0	100
c. Nurses and medical technicians	8	92	22	78	14	86
	3	97	0	100	7	93
d. Receptionists, clerks, and maintenance personnel	17	83	11	89	0	100
	2	98	0	100	0	100
24. Approve payment plans/salary schedules and benefits (new or revised) for:						
a. Physician members (participating)	17	83	0	100	14	86
	3	97	2	98	7	93
b. Physician employees (salaried)	17	83	0	100	14	86
	12	88	4	96	0	100
c. Nurses and medical technicians	8	92	22	78	14	86
	3	97	2	98	7	93
d. Receptionists, clerks, and maintenance personnel	8	92	11	89	14	86
	2	98	0	100	0	100
e. Administrative staff	8	92	0	100	14	86
	2	98	2	98	0	100

TABLE GB-6 (CONTINUED--7 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
25. Recruit the following to fill openings in your organization:						
a. Physician members (participating)	8	92	11	89	29	71
	12	88	7	93	14	86
b. Physician employees (salaried)	8	92	0	100	14	86
	7	93	0	100	0	100
c. Nurses and medical technicians	8	92	22	78	14	86
	3	97	0	100	7	93
d. Receptionists, clerks, and maintenance personnel	8	92	11	89	14	86
	2	98	0	100	7	93
26. Negotiate salary and benefit contracts with organized groups of personnel.	58	42	67	33	29	71
	68	32	49	51	57	43
27. Approve contracts with organized groups of personnel	50	50	67	33	29	71
	68	32	49	51	57	43
28. Approve appointment/hiring of:						
a. Physician members (participating)	8	92	11	89	29	71
	10	90	4	96	14	86
b. Physician employees (salaried)	8	92	0	100	14	86
	7	93	2	98	0	100
c. Nurses and medical technicians	8	92	22	78	14	86
	2	98	2	98	14	86
d. Receptionists, clerks, and maintenance personnel	8	92	22	78	0	100
	2	98	2	98	7	93
e. Administrative staff	8	92	0	100	14	86
	4	96	4	96	0	100
29. Approve end of probationary appointments for physicians	25	75	11	89	29	71
	10	90	7	93	14	86
30. Negotiate contracts with physicians who wish to join the group.	15	85	11	89	29	71
	3	97	0	100	7	93

TABLE GB-6 (CONTINUED--8 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
31. Orient and train new personnel:						
a. Physician members (participating)	17 28	83 72	33 18	67 82	50 21	50 78
b. Physician employees (salaried)	8 18	92 82	11 11	89 89	14 7	86 93
c. Nurses and medical technicians	8 6	92 94	22 0	78 100	14 7	86 93
d. Receptionists, clerks, and maintenance personnel	8 3	92 97	11 0	89 100	14 0	86 100
32. Survey the job satisfaction of:						
a. Physician members (participating)	25 29	75 71	33 33	67 67	43 43	57 57
b. Physician employees (salaried)	25 26	75 74	11 22	89 78	29 29	71 71
c. Nurses and medical technicians	15 13	85 87	33 16	67 84	29 21	71 79
d. Receptionists, clerks, and maintenance personnel	15 12	85 88	22 16	78 84	29 15	71 85
e. Administrative staff	8 18	92 82	22 18	78 82	27 15	71 85
33. Conduct job performance evaluations for:						
a. Physician members (participating)	50 62	50 38	67 60	33 40	57 43	43 57
b. Physician employees (salaried)	42 56	58 44	33 42	67 58	29 21	71 79
c. Nurses and medical technicians	38 24	62 76	44 20	56 80	14 21	86 79
d. Receptionists, clerks, and maintenance personnel	23 18	77 82	33 18	67 82	14 14	86 86
e. Administrative staff	15 23	85 77	33 27	67 73	14 21	86 79

TABLE GB-6 (CONTINUED-- 9 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
34. Approve promotions of:						
a. Physician members (participating).	31	69	44	56	57	43
	51	49	44	56	29	71
b. Physician employees (salaried)	15	85	33	67	29	71
	25	75	26	74	14	86
c. Nurses and medical technicians.	15	85	33	67	14	86
	10	90	9	91	7	93
d. Receptionists, clerks, and maintenance personnel	15	85	33	67	14	86
	7	93	4	96	0	100
e. Administrative staff	17	83	11	89	14	86
	9	91	9	91	0	100
35. Approve dismissals and terminations of:						
a. Physician employees (salaried).	15	85	0	100	29	71
	13	87	4	96	0	100
b. Nurses and medical technicians	0	100	33	67	14	86
	4	96	0	100	7	93
c. Receptionists, clerks, and maintenance personnel	8	92	22	78	14	86
	2	98	0	100	0	100
d. Administrative staff	8	92	11	89	14	86
	4	96	0	100	0	100
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	15	85	0	100	29	71
	12	88	2	98	7	93
37. Interpret group policy and clarify procedures for staff and employees.	8	92	0	100	0	100
	7	93	0	100	0	100
38. Counsel, to assist with personal problems:						
a. Physician members (participating).	25	75	11	89	14	86
	29	71	35	65	29	71
b. Physician employees (salaried)	25	75	11	89	29	71
	31	69	37	63	21	79

TABLE GB-6 (CONTINUED--10 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
38. Continued.						
c. Nurses and medical technicians	25 15	75 85	22 26	78 74	29 21	71 79
d. Receptionists, clerks, and maintenance personnel	33 15	67 85	11 24	89 76	29 14	71 86
39. Mediate/arbitrate interpersonal problems:						
a. Among physicians	8 19	92 81	0 13	100 87	14 0	86 100
b. Among nurses and medical technicians	8 16	92 84	22 9	78 91	14 7	86 93
c. Among receptionists, clerks, and maintenance personnel.	8 10	92 90	11 4	89 96	14 7	86 93
d. Among administrative staff	15 18	85 82	11 9	89 91	14 7	86 93
e. Between physicians and nurses	8 16	92 84	0 13	100 87	14 7	86 93
f. Between physicians and administrators	15 19	85 81	0 15	100 85	0 7	100 93
40. Discipline:						
a. Physician members (participating)	31 35	69 65	11 24	89 76	29 14	71 86
b. Physician employees (salaried)	8 34	92 66	0 20	100 80	14 14	86 86
c. Nurses and medical technicians	8 12	92 88	22 11	78 89	14 21	86 79
d. Receptionists, clerks, and maintenance personnel	8 7	92 93	11 9	89 91	14 14	86 86
e. Administrative staff	15 12	85 88	0 15	100 85	14 14	86 86

TABLE GB-6 (CONTINUED--11 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
41. Secure liability insurance coverage for your group and/or your physicians.	0	100	0	100	0	100
	4	96	0	100	0	100
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	38	62	44	56	43	57
	50	50	46	54	14	86
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	8	92	0	100	0	100
	4	96	0	100	0	100
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	15	85	0	100	14	86
	18	82	9	91	7	93
45. Represent the group or individual physicians in court appearance on collection cases.	54	46	22	78	57	43
	40	60	44	56	29	71
46. Represent the group or individual physicians in court appearances on malpractice litigation.	61	39	22	78	29	71
	57	43	42	58	21	79
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	77	23	67	33	43	57
	78	22	89	11	79	21
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	23	77	11	89	14	86
	26	74	37	63	15	85
49. Represent your group at health care workshops and meetings.	15	85	11	89	43	57
	26	74	17	83	0	100
50. Represent your group in civic matters and projects.	23	77	11	89	29	71
	26	74	24	76	7	93
51. Participate in public health education efforts.	38	62	44	56	43	57
	34	66	39	61	14	86
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.	38	62	33	67	29	71
	46	54	63	37	36	64

TABLE GB-6 (CONTINUED--12 OF 12)

	Small		Medium		Large	
	No	Yes	No	Yes	No	Yes
53. Work with the news media in releasing public and civic interest stories.	54	46	33	67	29	71
	51	49	50	50	43	57
54. Negotiate medical services covered under health care contracts with organized consumer groups.	46	54	11	89	14	86
	68	32	46	54	36	64
55. Negotiate fees or prices for health care contracts with organized consumer groups.	46	54	22	78	14	86
	65	35	54	46	43	57
56. Approve contracts with organized consumer groups.	54	46	22	78	29	71
	69	31	56	44	29	71
57. Settle grievances with industrial or group accounts.	50	50	11	89	33	67
	53	47	29	71	36	64
58. Work with third party payors to assure efficient collections for the group.	31	69	0	100	0	100
	21	79	4	96	7	93

TABLE GB-7

Percentage of Governing Bodies' Responses by Size and Payment Mechanism--Chief Responsibility (Column 2 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in his group, the governing body chairperson responded as to who was chiefly responsible for satisfactory performance of the task. This response was made according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body administrator; OT = someone other than the governing body, medical director, or lay administrator. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical groups--small, medium, large--and by the payment mechanisms employed by the groups--prepayment or fee for service.

Table GB-7 presents the cross tabulation by size in the three major columns and payment mechanism in two rows for each task. For each task, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 38% of chairpersons from small prepaid groups indicated that the medical director (MD) was chiefly responsible for the satisfactory performance of the task to establish/approve criteria for quality care (10a); 10% of chairpersons from large fee for service groups indicated that the medical director (MD) was chiefly responsible for the satisfactory performance of the task to establish/approve criteria for quality care (10a).

TABLE GB-7

PERCENTAGE OF GOVERNING BODIES' RESPONSES BY SIZE AND PAYMENT MECHANISM -CHIEF RESPONSIBILITY (COLUMN 2 OF STANDARD LIST)-

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:															
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	0	67	33	0	0	0	67	33	0	0	0	75	0	0	25
	5	76	3	13	3	0	70	0	17	13	0	50	10	10	30
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	0	46	45	0	9	0	70	10	0	20	0	50	17	0	33
	4	73	10	10	4	0	67	6	17	11	0	62	8	15	15
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	0	67	33	0	0	0	50	25	25	0	0	67	33	0	0
	5	44	12	32	7	7	54	11	25	4	0	36	9	34	18
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:															
a. New medical equipment and procedures.	10	0	40	40	10	0	29	29	43	0	17	0	17	33	33
	2	20	20	49	9	2	20	7	58	13	0	20	20	60	0
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	0	92	8	0	0	0	89	0	11	0	0	100	0	0	0
	0	95	3	2	0	0	82	2	16	0	0	100	0	0	0
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	0	46	45	9	0	0	50	25	13	12	0	43	14	28	14
	0	80	9	9	3	0	76	10	12	2	0	75	8	8	8
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	0	100	0	0	0	0	90	0	0	10	0	100	0	0	0
	0	90	6	3	2	0	89	5	5	2	0	91	0	9	0
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	0	0	71	14	14	0	0	44	56	0	0	17	17	67	0
	2	15	17	59	7	5	8	10	70	8	0	0	20	80	0

TABLE GB-7 (CONTINUED--2 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	0	73	9	9	9	0	56	11	22	11	0	71	0	29	0
	0	69	5	23	3	0	55	2	43	0	0	64	0	36	0
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice......	0	50	25	13	12	0	38	13	13	38	0	20	40	20	20
	2	33	8	40	17	14	14	7	35	31	0	0	0	56	44
6. Establish/approve the need to replace existing or purchase additional medical equipment.	0	0	60	30	10	0	25	38	25	13	0	57	0	43	0
	0	26	12	56	6	2	14	9	73	2	0	18	18	56	9
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services....	0	70	20	10	0	0	80	10	10	0	0	71	0	29	0
	2	75	3	16	5	0	72	0	28	0	0	92	0	8	0
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	0	100	0	0	0	0	89	11	0	0	0	100	0	0	0
	0	94	2	5	0	0	91	0	2	7	0	92	0	0	8
9. Approve purchases of equipment or services costing in excess of $1,000.	0	58	25	17	0	0	11	22	67	0	0	0	0	100	0
	0	8	6	84	3	0	9	4	80	7	0	31	0	69	0
10. Establish/approve:															
a. Criteria for quality care.	0	0	38	50	13	0	0	43	14	43	0	0	20	60	20
	0	6	10	77	6	0	3	11	64	22	0	0	10	60	30
b. Policies governing your group's organizational structure and type.	0	9	27	64	0	0	0	11	78	11	0	0	14	86	0
	2	15	7	70	7	0	2	7	75	16	0	0	8	92	0
c. Policies governing the number and kind of patients that your group will serve.	0	20	20	50	10	0	0	0	75	25	0	0	0	100	0
	4	13	9	66	9	7	7	7	65	16	10	0	20	70	0
d. Policies governing the growth or reduction in the number of physicians in your group.	0	0	30	60	10	0	0	11	67	22	0	0	0	83	17
	0	5	13	76	7	0	0	7	77	16	0	0	15	69	15
e. Policies governing the growth or reduction in the number of administrators in your group.	0	44	11	44	0	0	11	11	67	11	0	20	0	80	0
	2	18	8	69	2	0	11	5	74	11	0	50	0	50	0

TABLE GB-7 (CONTINUED--3 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
10. Continued.															
f. Policies governing the specialty mix of your group's physicians.	0	0	33	56	11	0	0	33	56	11	0	0	17	67	17
	0	2	15	78	5	0	0	7	73	21	0	0	20	80	0
g. Financial policies	0	42	0	50	8	0	44	0	44	11	0	29	0	57	14
	0	38	2	57	3	0	21	5	71	5	0	42	0	59	0
h. Accounting policies	0	0	100	0	0	0	0	80	20	0	0	0	100	0	0
	0	86	0	11	3	0	73	4	20	2	0	100	0	0	0
i. Physician personnel policies	0	11	44	44	0	0	0	22	56	22	0	0	29	57	14
	0	10	15	74	2	2	5	10	74	10	0	0	25	75	0
j. Non-physician personnel policies	0	100	0	0	0	0	90	10	0	0	0	100	0	0	0
	2	86	2	9	2	0	86	2	11	0	0	100	0	0	0
11. Develop long-range master plans (e.g., facility, financial, etc.).	0	50	20	30	0	13	25	13	38	13	0	0	20	40	40
	0	37	4	56	4	0	18	10	39	33	0	33	25	32	8
12. Approve long-range master plans (e.g., facility, financial, etc.).	0	20	0	70	10	0	13	0	88	0	0	0	0	100	0
	0	8	0	91	2	2	0	7	73	17	0	0	8	92	0
13. Search and negotiate for investment capital	0	67	22	0	11	17	67	17	0	0	0	60	0	0	40
	0	67	10	23	0	3	59	6	27	6	0	75	0	25	0
14. Approve your group's operating budget	0	33	0	67	0	0	13	0	87	0	0	33	0	67	0
	0	20	0	76	4	0	14	3	78	5	0	18	9	73	0
15. Develop, review, and/or revise standard operating procedures for:															
a. Delivering patient care	0	0	33	44	22	0	0	38	50	13	0	0	40	20	40
	0	9	18	62	11	3	6	19	54	13	8	17	17	50	8
b. Physician personnel administration.	0	0	44	44	11	0	0	38	50	13	0	0	40	20	40
	0	15	19	63	4	3	11	21	52	13	8	8	23	62	0
c. Non-physician personnel administration.	0	100	0	0	0	0	100	0	0	0	0	100	0	0	0
	2	91	2	5	2	2	88	2	5	2	0	100	0	0	0
d. Utilization control (non-physician).	0	100	0	0	0	0	89	11	0	0	0	100	0	0	0
	0	88	0	8	4	3	91	3	3	0	0	100	0	0	0

TABLE GB-7 (CONTINUED--4 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
15. Continued.															
e. Cost controls.	0	91	9	0	0	0	100	0	0	0	0	100	0	0	0
	0	82	3	13	2	0	86	2	9	2	0	100	0	0	0
f. Billing and collecting.	0	100	0	0	0	0	100	0	0	0	0	100	0	0	0
	0	97	0	0	3	0	93	2	2	2	0	100	0	0	0
g. Interacting and dealing with outside agencies.	0	90	10	0	0	0	70	10	20	0	0	86	14	0	0
	0	93	2	5	0	0	87	0	8	5	8	75	8	8	0
h. Gathering, processing, and evaluating information important to your group.	0	91	9	0	0	0	88	12	0	0	0	67	0	17	17
	2	89	5	5	0	3	69	5	15	8	8	75	8	8	0
16. Approve standard operating procedures (new or revised) for:															
a. Delivering patient care.	0	0	22	56	22	0	13	25	62	0	20	0	40	20	20
	0	5	16	74	5	0	3	9	79	9	8	0	17	75	0
b. Physician personnel administration.	0	0	33	56	11	0	0	13	87	0	0	0	20	80	0
	0	15	15	68	2	0	14	11	67	8	0	8	17	75	0
c. Non-physician personnel administration.	0	90	0	10	0	0	89	0	11	0	0	86	0	14	0
	2	79	2	16	2	0	77	2	21	0	0	85	0	15	0
d. Utilization control (non-physician).	0	89	0	11	0	0	78	11	11	0	0	100	0	0	0
	0	82	0	15	4	0	84	0	16	0	0	92	0	8	0
e. Cost controls.	0	80	10	10	0	0	75	0	25	0	0	71	0	29	0
	0	77	3	18	2	0	74	0	26	0	0	91	0	9	0
f. Billing and collecting.	0	100	0	0	0	0	100	0	0	0	0	100	0	0	0
	0	76	2	21	2	0	73	2	21	5	0	83	0	17	0
g. Interacting and dealing with outside agencies.	0	71	14	14	0	0	13	13	75	0	0	86	14	0	0
	0	68	2	28	2	0	67	0	28	5	0	73	0	27	0
h. Gathering, processing, and evaluating information important to your group.	0	70	10	20	0	0	75	13	13	0	0	80	0	0	20
	0	70	7	22	2	3	64	5	26	3	0	64	9	27	0

TABLE GB-7 (CONTINUED--5 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
17. Enforce adherence to standard operating procedures by:															
a. Physician members (participating)	0	22	33	44	0	0	0	38	62	0	0	0	20	80	0
	0	4	18	76	2	0	0	20	70	10	0	9	9	82	0
b. Physician employees (salaried)	0	11	55	33	0	0	0	43	57	0	0	33	33	33	0
	0	18	16	63	2	0	8	21	66	5	0	17	17	16	0
c. Nurses and medical technicians	0	55	27	9	9	0	71	0	0	29	0	83	0	0	17
	2	65	7	20	7	0	68	2	17	12	0	82	0	9	9
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	89	0	0	11	0	100	0	0	0
	0	97	0	0	3	0	84	0	9	7	0	100	0	0	0
e. Administrative staff	0	82	9	9	0	0	50	10	40	0	0	83	0	17	0
	0	81	5	13	2	0	54	15	40	2	0	83	0	17	0
18. Develop physician staffing plans	0	13	50	38	0	0	33	33	22	11	0	0	40	20	40
	2	13	15	60	9	0	5	16	61	18	8	8	17	67	0
19. Develop non-physician staffing plans	0	90	0	10	0	0	100	0	0	0	0	100	0	0	0
	0	91	2	3	3	0	87	0	8	5	0	100	0	0	0
20. Approve staffing plans	0	40	10	50	0	0	0	11	89	0	0	20	0	80	0
	0	24	7	65	4	0	18	3	77	3	0	17	8	75	0
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:															
a. Physician members (participating)	0	0	50	50	0	0	0	33	50	17	0	0	50	0	50
	0	5	17	73	5	0	7	7	57	19	0	0	11	89	0
b. Physician employees (salaried)	0	22	33	44	0	0	0	29	57	14	0	25	50	0	25
	0	18	15	63	5	0	13	18	63	17	0	9	27	64	0
c. Nurses and medical technicians	0	60	20	10	10	0	71	0	14	14	0	67	0	0	33
	0	77	3	12	8	0	78	0	7	15	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	13	87	0	0	0	0	100	0	0	0
	0	95	0	2	3	0	91	0	5	5	0	100	0	0	0
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:															
a. Physician members (participating)	0	0	50	50	0	0	0	29	71	0	0	0	0	100	0
	0	5	14	76	5	0	0	4	92	4	0	11	11	67	11

TABLE GB-7 (CONTINUED--6 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
22. Continued.															
b. Physician employees (salaried).	0	0	50	50	0	0	0	22	67	11	0	25	25	50	0
	0	9	14	73	4	0	0	7	89	4	0	10	20	70	0
c. Nurses and medical technicians	0	50	20	20	10	0	50	0	33	17	0	40	0	20	40
	0	57	7	34	2	0	69	2	21	7	0	82	0	18	0
d. Receptionists, clerks, and maintenance personnel	0	90	0	10	0	0	100	0	0	0	0	100	0	0	0
	0	79	0	21	0	0	74	2	19	5	0	93	0	7	0
e. Administrative staff	0	70	10	20	0	0	44	22	22	11	0	80	0	0	20
	0	59	5	35	2	0	54	2	44	0	0	61	0	39	0
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:															
a. Physician members (participating).	0	30	40	20	10	0	0	13	75	12	0	17	0	67	17
	0	11	9	77	3	0	7	10	74	10	0	8	8	75	8
b. Physician employees (salaried)	0	33	33	33	0	0	0	13	75	13	0	17	17	50	17
	0	18	9	72	4	0	7	10	74	10	0	8	15	69	7
c. Nurses and medical technicians	0	70	30	0	0	0	67	0	33	0	0	100	0	0	0
	0	66	3	28	3	0	77	0	16	7	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	89	11	0	0	0	100	0	0	0	0	100	0	0	0
	0	83	0	15	2	0	84	0	14	2	0	93	0	7	0
24. Approve payment plans/salary schedules and benefits (new or revised) for:															
a. Physician members (participating)	0	0	25	63	13	0	0	13	75	13	0	0	0	100	0
	0	3	8	86	3	0	2	5	80	14	0	0	0 b	83	8
b. Physician employees (salaried)	0	0	25	75	0	0	0	13	75	13	0	0	17	83	0
	0	7	7	83	3	0	0	2	88	9	0	0	8	92	0
c. Nurses and medical technicians	0	50	20	30	0	0	33	0	50	17	0	67	0	33	0
	0	40	6	52	2	0	52	2	41	5	0	64	0	36	0
d. Receptionists, clerks, and maintenance personnel	0	80	0	20	0	0	63	0	38	0	0	83	0	17	0
	0	50	2	48	0	0	58	2	37	2	0	67	0	33	0
e. Administrative staff	0	50	10	40	0	0	11	11	67	11	0	67	0	33	0
	0	44	2	53	2	0	37	2	61	0	0	31	0	69	0

TABLE GB-7 (CONTINUED--7 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
25. Recruit the following to fill openings in your organization:															
a. Physician members (participating)	0	10	40	30	20	0	25	25	13	38	0	0	40	20	40
	2	24	19	47	9	3	8	10	54	26	0	0	9	55	36
b. Physician employees (salaried)	0	10	40	30	20	0	25	25	13	38	0	0	50	17	33
	0	30	13	45	12	2	10	12	50	26	0	8	23	46	23
c. Nurses and medical technicians	0	70	20	10	0	0	85	0	0	17	0	100	0	0	0
	0	85	3	2	11	0	93	2	0	5	0	100	0	0	0
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	87	0	0	13	0	100	0	0	0
	0	94	0	0	6	0	89	2	2	7	0	92	0	0	8
26. Negotiate salary and benefit contracts with organized groups of personnel.	0	100	0	0	0	0	33	33	33	0	0	80	0	0	20
	0	91	0	5	5	0	83	8	4	4	0	100	0	0	0
27. Approve contracts with organized groups of personnel	0	80	0	20	0	0	0	0	67	33	0	40	0	40	20
	0	46	0	54	0	0	41	0	55	5	0	50	0	50	0
28. Approve appointment/hiring of:															
a. Physician members (participating)	0	9	27	55	9	0	0	13	63	25	0	0	0	100	0
	0	3	12	78	7	0	0	2	74	23	0	0	9	91	0
b. Physician employees (salaried)	0	9	27	55	9	0	0	13	63	25	0	0	0	100	0
	0	5	8	81	7	0	0	2	77	21	0	0	8	92	0
c. Nurses and medical technicians	0	82	9	9	0	0	67	0	18	18	0	100	0	0	0
	2	68	8	15	8	0	75	5	11	9	0	91	0	0	9
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	100	0	0	0	0	100	0	0	0
	0	96	2	0	3	0	89	0	7	4	0	100	0	0	0
e. Administrative staff	0	73	18	9	0	0	33	11	44	11	0	50	0	50	0
	0	70	0	27	3	0	49	2	44	5	0	54	0	46	0
29. Approve end of probationary appointments for physicians	0	13	25	50	13	0	0	14	57	29	0	0	0	40	60
	0	3	9	83	5	0	0	2	76	21	0	0	17	83	0
30. Negotiate contracts with physicians who wish to join the group.	0	10	60	20	10	0	43	14	29	14	0	20	60	0	20
	0	25	14	56	5	0	26	9	58	7	0	0	20	70	10

TABLE GB-7 (CONTINUED--8 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
31. Orient and train new personnel:															
a. Physician members (participating)	0	0	56	22	22	0	33	50	17	0	0	33	67	0	0
	0	23	25	50	2	0	18	24	33	24	0	30	30	30	10
b. Physician employees (salaried)	0	0	50	20	30	0	29	57	14	0	0	33	50	0	17
	0	22	29	44	6	3	19	22	27	30	0	17	42	33	8
c. Nurses and medical technicians	0	46	18	9	27	0	67	17	0	17	0	67	0	0	33
	2	60	3	5	31	0	74	0	2	23	0	90	0	0	10
d. Receptionists, clerks, and maintenance personnel	0	91	0	0	9	0	87	0	0	13	0	83	0	0	17
	0	86	0	0	14	0	89	0	2	9	0	85	0	0	15
32. Survey the job satisfaction of:															
a. Physician members (participating)	13	25	38	13	13	0	0	33	50	17	0	0	50	50	0
	0	10	23	65	2	0	0	18	75	7	0	0	29	71	0
b. Physician employees (salaried)	0	25	38	25	13	0	0	29	57	14	0	0	60	40	0
	0	14	22	62	2	0	3	18	73	6	0	0	38	63	0
c. Nurses and medical technicians	0	70	20	0	10	0	100	0	0	0	0	60	0	0	40
	0	70	5	14	12	0	90	0	3	8	0	80	0	0	20
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	100	0	0	0	0	67	0	0	33
	0	92	0	2	7	0	90	0	3	8	0	92	0	0	8
e. Administrative staff	10	80	10	0	0	0	43	0	43	14	0	75	0	25	0
	0	76	0	22	2	0	57	5	38	0	0	64	9	27	0
33. Conduct job performance evaluations for:															
a. Physician members (participating)	0	20	60	20	0	0	33	0	67	0	0	0	0	67	33
	0	15	19	58	8	0	0	6	88	6	0	14	29	57	0
b. Physician employees (salaried)	0	17	50	33	0	0	20	0	60	20	0	0	20	60	20
	0	21	14	55	10	0	0	8	80	12	0	0	40	60	0
c. Nurses and medical technicians	0	57	29	0	14	0	100	0	0	0	0	83	0	0	17
	0	67	4	14	15	3	69	0	9	20	0	90	0	0	10
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	100	0	0	0	0	83	0	0	17
	0	91	0	4	6	0	81	0	3	16	0	100	0	0	0
e. Administrative staff	0	70	20	0	10	0	50	0	33	17	0	83	0	17	0
	0	77	0	19	4	0	61	0	39	0	0	55	18	27	0

TABLE GB-7 (CONTINUED--9 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
34. Approve promotions of:															
a. Physician members (participating)	0	0	50	50	0	0	0	0	80	20	0	0	0	100	0
	3	6	9	76	6	0	0	0	92	8	0	0	0	75	25
b. Physician employees (salaried)	0	0	40	50	10	0	0	20	80	0	0	0	0	100	0
	0	4	12	78	6	0	0	6	76	18	0	0	9	91	0
c. Nurses and medical technicians	0	60	30	10	0	0	60	0	20	20	0	67	0	0	33
	0	63	8	22	7	0	72	0	20	8	0	92	0	0	8
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	100	0	0	0	0	83	0	0	17
	0	79	2	16	3	0	78	0	12	10	0	100	0	0	0
e. Administrative staff	0	78	11	11	0	0	38	13	37	12	0	67	0	33	0
	0	66	2	29	3	0	56	0	44	0	0	46	0	54	0
35. Approve dismissals and terminations of:															
a. Physician employees (salaried)	0	0	50	40	10	0	0	11	78	11	0	0	20	80	0
	0	3	9	83	5	0	0	2	81	16	0	0	8	83	8
b. Nurses and medical technicians	0	58	17	25	0	0	80	0	20	0	0	67	0	0	33
	0	48	9	34	8	0	74	0	23	2	0	92	0	8	0
c. Receptionists, clerks, and maintenance personnel	0	91	0	9	0	0	86	0	14	0	0	83	0	0	17
	0	81	2	16	2	0	84	0	14	2	100	0	0	0	0
d. Administrative staff.	0	78	11	11	0	0	38	13	38	13	0	67	0	33	0
	0	63	3	31	3	0	43	0	55	2	0	46	0	54	0
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	0	10	60	30	0	0	25	0	75	0	0	40	0	40	20
	0	30	9	58	4	0	9	16	68	7	0	17	0	75	8
37. Interpret group policy and clarify procedures for staff and employees.	0	75	17	8	0	0	50	13	38	0	0	71	14	14	0
	0	70	10	15	5	0	55	9	36	0	0	50	25	25	0
38. Counsel, to assist with personal problems:															
a. Physician members (participating)	0	0	62	38	0	0	14	57	14	14	0	0	67	17	17
	4	26	34	28	9	3	10	35	35	17	0	33	22	44	0
b. Physician employees (salaried)	0	0	62	38	0	0	14	57	14	14	0	0	60	20	20
	4	26	39	26	9	4	11	39	32	14	0	30	30	40	0

TABLE GB-7 (CONTINUED--10 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
38. Continued.															
c. Nurses and medical technicians	0	63	25	0	13	0	83	0	0	17	0	80	0	0	20
	2	74	9	4	12	0	88	3	0	9	0	80	0	0	20
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	88	0	0	13	0	80	0	0	20
	0	93	4	0	4	0	88	6	0	6	0	83	0	0	17
39. Mediate/arbitrate interpersonal problems:															
a. Among physicians	9	0	64	27	0	0	11	44	44	0	0	0	83	17	0
	0	9	31	58	2	3	3	29	53	13	0	8	39	54	0
b. Among nurses and medical technicians	0	64	27	9	0	0	83	0	0	17	0	83	0	0	17
	0	82	11	2	5	0	78	2	2	17	0	100	0	0	0
c. Among receptionists, clerks, and maintenance personnel.	0	100	0	0	0	0	87	0	0	13	0	83	0	0	17
	0	98	2	0	0	0	86	0	2	12	0	100	0	0	0
d. Among administrative staff	0	70	30	0	0	0	37	25	13	25	0	83	0	17	0
	0	80	6	15	0	0	62	3	32	3	0	50	8	42	0
e. Between physicians and nurses	0	18	55	9	18	0	14	29	29	29	0	50	50	0	0
	2	42	26	23	7	0	39	8	44	8	0	42	17	33	8
f. Between physicians and administrators.	0	20	30	40	10	0	0	38	62	0	0	14	57	29	0
	2	9	33	53	4	3	3	18	63	13	0	8	31	62	0
40. Discipline:															
a. Physician members (participating)	0	0	50	50	0	0	0	43	43	14	0	0	40	60	0
	0	5	14	79	2	0	0	11	77	11	0	0	9	91	0
b. Physician employees (salaried)	0	0	46	54	0	0	0	50	50	0	0	0	50	50	0
	0	7	16	75	2	.0	0	11	81	8	0	0	18	82	0
c. Nurses and medical technicians	0	64	27	9	0	0	71	0	14	14	0	83	0	0	17
	0	77	8	8	7	0	85	0	5	10	0	89	0	11	0
d. Receptionists, clerks, and maintenance personnel	0	100	0	0	0	0	87	0	0	13	0	83	0	0	16
	0	95	2	2	2	0	95	0	0	5	0	100	0	0	0
e. Administrative staff	0	70	20	10	0	0	44	11	33	11	0	83	0	17	0
	0	72	5	20	3	0	56	3	39	3	0	36	9	55	0

TABLE GB-7 (CONTINUED--11 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
41. Secure liability insurance coverage for your group and/ or your physicians.	0	83	8	8	0	0	75	13	13	0	0	57	0	29	14
	0	80	2	13	6	0	78	2	20	0	0	67	0	33	0
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	0	71	0	14	14	0	80	20	0	0	0	75	25	0	0
	0	79	9	6	6	0	87	0	9	4	0	82	9	0	9
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	0	82	0	9	9	0	78	11	0	11	0	57	29	0	14
	0	95	3	0	2	0	89	0	4	8	0	92	0	0	8
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	10	30	50	10	0	0	33	56	0	11	0	0	67	33	0
	0	74	13	11	2	0	58	21	16	5	0	67	17	8	8
45. Represent the group or individual physicians in court appearance on collection cases.	20	80	0	0	0	14	42	14	0	29	0	100	0	0	0
	0	88	2	0	10	4	80	8	0	8	0	100	0	0	0
46. Represent the group or individual physicians in court appearances on malpractice litigation.	0	33	0	33	33	14	0	43	0	43	20	0	20	0	60
	3	10	21	24	41	8	0	12	27	54	0	9	9	18	64
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	0	50	0	0	50	0	0	33	0	67	0	25	50	0	25
	7	7	47	13	27	20	0	40	0	40	0	50	0	0	50
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	0	89	0	0	11	0	83	17	0	0	0	0	67	0	33
	2	77	8	4	8	0	76	16	0	14	0	80	10	0	10
49. Represent your group at health care workshops and meetings.	10	60	20	0	10	0	50	50	0	0	0	25	75	0	0
	52	21	13	0	15	42	21	6	0	30	50	17	17	0	17
50. Represent your group in civic matters and projects.......	0	100	0	0	0	50	33	33	0	17	20	40	20	0	20
	0	57	17	11	15	0	57	15	3	30	0	73	18	0	9
51. Participate in public health education efforts.	0	17	33	17	33	0	0	50	0	50	0	0	75	0	25
	0	14	34	25	27	8	12	15	15	50	0	10	20	20	50
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.	17	67	0	0	17	0	40	60	0	0	0	0	60	0	40
	0	39	19	25	17	0	43	14	14	29	0	29	29	0	43

TABLE GB-7 (CONTINUED--12 OF 12)

	Small					Medium					Large				
	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT	NO	LA	MD	GB	OT
53. Work with the news media in releasing public and civic interest stories.	0	67	33	0	0	0	60	20	0	20	0	20	40	0	40
	0	75	6	16	3	4	74	13	4	4	0	50	17	0	33
54. Negotiate medical services covered under health care contracts with organized consumer groups.	0	67	33	0	0	0	71	0	14	14	0	50	17	0	33
	0	86	0	14	0	0	75	13	8	4	0	71	14	14	0
55. Negotiate fees or prices for health care contracts with organized consumer groups.	0	50	50	0	0	0	67	0	33	0	0	67	0	17	17
	0	83	0	17	0	0	65	10	15	10	0	100	0	0	0
56. Approve contracts with organized consumer groups.	0	40	20	40	0	0	0	0	86	14	0	0	0	100	0
	0	30	0	60	10	0	0	5	80	15	0	38	13	50	0
57. Settle grievances with industrial or group accounts.......	0	83	17	0	0	0	88	0	13	0	25	25	50	0	0
	0	97	0	0	3	0	80	7	7	7	0	100	0	0	0
58. Work with third party payors to assure efficient collections for the group.	0	100	0	0	0	0	89	0	11	0	0	100	0	0	0
	0	94	0	0	6	0	95	0	2	2	0	92	0	0	8

TABLE GB-8

Percentage of Governing Bodies' Responses by Size and Payment Mechanism--Personal Involvement (Column 3 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. The governing body chairperson indicated the extent of his governing body's involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the chairpersons' medical groups--small, medium, large--and by the payment mechanisms employed by the groups--prepayment or fee for service.

Table GB-8 presents the cross tabulation by size in the three major columns and prepayment mechanism in two rows for each task. For each task, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 62% of chairpersons from small prepaid groups indicated that their groups had "high personal involvement" (5) in the task to establish/approve criteria for quality care (10a); 9% of chairpersons from large fee for service groups indicated that their groups had "no personal involvement" (1) in the task to establish/approve criteria for quality care (10a).

TABLE GB-8

PERCENTAGE OF GOVERNING BODIES' RESPONSES BY SIZE AND PAYMENT MECHANISM
-PERSONAL INVOLVEMENT (COLUMN 3 OF STANDARD LIST)-

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:															
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	0	20	60	20	0	0	33	17	0	50	50	25	0	25	0
	19	30	35	5	11	25	25	33	4	13	30	30	40	0	0
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	10	40	30	10	10	0	40	20	10	30	17	33	33	0	17
	19	25	27	13	17	11	42	24	11	13	23	15	62	0	0
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	0	40	40	20	0	0	11	33	22	33	0	25	0	0	75
	15	15	28	20	22	10	24	35	14	17	0	50	8	25	17
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:															
a. New medical equipment and procedures..................	9	9	36	9	36	0	0	38	38	25	17	17	33	33	0
	2	7	34	26	32	9	6	26	30	30	0	17	50	8	25
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	18	9	36	18	18	10	30	30	10	20	14	29	43	14	0
	20	32	30	8	10	21	32	26	9	13	17	42	33	8	0
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).........	9	27	27	9	27	0	0	30	50	20	0	29	43	14	14
	13	32	34	13	8	19	33	31	10	7	8	33	42	8	8
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	0	30	30	30	10	10	20	30	20	20	29	43	0	0	29
	24	42	27	3	3	32	30	17	11	11	33	33	25	8	0
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.)......	0	0	14	0	86	0	0	10	50	40	17	33	17	0	33
	12	10	25	22	31	8	15	28	8	43	0	8	31	39	23

TABLE GB-8 (CONTINUED--2 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	0	20	40	20	20	10	0	30	30	30	29	14	14	43	0
	16	24	27	16	16	16	22	27	22	13	15	46	15	15	8
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.	0	29	43	14	14	0	11	33	22	33	20	40	0	0	40
	19	24	26	14	17	17	21	17	24	21	21	33	25	8	17
6. Establish/approve the need to replace existing or purchase additional medical equipment.	0	0	50	20	30	0	11	33	11	44	43	14	0	14	29
	5	15	26	29	26	2	13	22	24	38	0	39	31	15	15
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	0	20	40	30	10	20	30	10	10	30	29	14	43	0	14
	15	31	28	16	10	18	22	29	9	22	29	36	29	7	0
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	15	23	31	3	23	33	22	0	11	33	67	33	0	0	0
	40	28	23	0	8	50	28	11	7	4	50	43	7	0	0
9. Approve purchases of equipment or services costing in excess of $1,000.	0	8	8	31	54	0	10	30	20	40	0	0	17	33	50
	3	8	16	28	45	4	4	26	30	35	7	29	29	14	21
10. Establish/approve:															
a. Criteria for quality care.	0	0	0	38	62	0	13	25	0	62	0	20	20	0	60
	0	9	22	18	51	0	19	30	19	32	9	18	9	27	36
b. Policies governing your group's organizational structure and type.	8	0	8	25	58	0	10	20	10	60	0	0	14	29	57
	4	18	20	21	38	0	11	33	13	42	0	7	14	29	50
c. Policies governing the number and kind of patients that your group will serve.	0	0	20	40	40	0	0	22	44	33	0	0	0	25	75
	2	10	20	29	39	0	16	36	16	32	0	18	9	55	18
d. Policies governing the growth or reduction in the number of physicians in your group.	0	0	9	36	55	0	0	10	40	50	0	0	0	17	83
	0	12	10	28	50	0	5	23	25	48	0	14	21	21	43
e. Policies governing the growth or reduction in the number of administrators in your group.	0	0	33	44	22	0	10	10	40	40	0	20	0	20	60
	4	20	17	17	41	5	13	21	24	37	17	17	17	25	25

TABLE GB-8 (CONTINUED--3 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
10. Continued.															
f. Policies governing the specialty mix of your group's physicians.	0	11	0	56	33	0	0	22	33	44	0	0	0	17	83
	0	16	16	21	47	0	7	32	16	46	9	0	9	46	36
g. Financial policies..................................	0	8	0	38	54	0	20	20	30	30	14	0	0	29	57
	7	13	20	27	33	4	16	24	11	44	7	14	21	29	29
h. Accounting policies................................	25	8	33	25	8	20	40	20	0	20	29	57	14	0	0
	25	37	20	10	7	32	29	16	2	21	38	31	8	15	8
i. Physician personnel policies........................	0	0	20	40	40	0	0	0	40	60	0	14	14	29	43
	2	10	25	19	44	0	9	19	23	49	7	7	29	21	36
j. Non-physician personnel policies....................	25	33	25	17	0	20	30	30	0	20	14	71	14	0	0
	22	32	20	18	8	21	49	16	7	7	23	31	46	0	0
11. Develop long-range master plans (e.g., facility, financial, etc.).	0	10	40	10	40	0	0	33	22	44	0	0	20	20	60
	4	12	31	22	31	7	17	29	17	31	0	0	36	36	29
12. Approve long-range master plans (e.g., facility, financial, etc.).	0	10	40	10	40	0	0	0	38	62	0	0	0	20	80
	2	12	27	22	37	2	12	28	19	40	7	0	7	29	57
13. Search and negotiate for investment capital.............	33	11	11	0	44	29	14	14	29	14	40	40	0	0	20
	17	9	31	14	29	26	26	8	8	29	10	0	60	30	0
14. Approve your group's operating budget.	9	18	9	18	46	0	11	22	33	33	0	0	17	33	50
	7	15	29	17	32	8	11	31	6	44	8	0	25	67	0
15. Develop, review, and/or revise standard operating procedures for:															
a. Delivering patient care.	0	10	10	20	60	0	11	56	0	33	0	20	0	60	20
	2	16	25	33	26	0	12	32	6	50	15	8	15	54	8
b. Physician personnel administration..................	0	0	30	30	40	0	0	30	10	60	0	20	0	80	0
	2	14	28	29	27	0	26	26	10	38	14	14	7	21	43
c. Non-physician personnel administration.............	33	17	25	17	8	10	40	40	0	10	29	57	14	0	0
	20	44	14	14	8	29	50	12	2	7	29	64	7	0	0
d. Utilization control (non-physician)................	30	30	20	10	10	33	22	33	0	11	75	0	25	0	0
	22	40	22	4	11	36	39	19	3	3	36	64	0	0	0

TABLE GB-8 (CONTINUED--4 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
15. Continued.															
e. Cost controls	25	8	33	8	25	11	22	22	22	22	17	33	0	17	33
	22	20	24	20	14	31	22	18	33	16	23	46	23	0	8
f. Billing and collecting	46	18	18	9	9	44	33	22	0	0	71	0	0	0	29
	40	35	15	5	5	41	33	17	7	2	29	43	14	14	0
g. Interacting and dealing with outside agencies	20	40	30	0	10	20	20	40	10	10	29	29	14	0	29
	29	40	72	7	7	34	37	15	10	5	15	46	15	23	0
h. Gathering, processing, and evaluating information important to your group.	18	9	55	9	9	10	10	50	10	20	17	17	0	33	33
	24	33	22	12	9	27	34	17	15	7	15	31	39	15	0
16. Approve standard operating procedures (new or revised) for:															
a. Delivering patient care	0	11	11	22	56	0	0	33	22	44	0	50	0	25	25
	0	21	21	24	34	6	15	21	18	39	8	8	38	38	8
b. Physician personnel administration	0	0	22	11	67	0	0	40	10	50	0	20	0	20	60
	6	18	14	22	39	5	11	27	16	41	8	8	31	31	23
c. Non-physician personnel administration	20	30	40	0	10	0	30	50	0	20	43	43	0	14	0
	21	41	16	11	11	28	37	16	9	9	23	31	38	8	0
d. Utilization control (non-physician)	11	44	33	0	11	10	20	50	0	20	50	50	0	0	0
	25	37	13	10	15	37	37	18	3	5	31	54	8	8	0
e. Cost controls	20	10	30	10	30	11	11	33	22	22	43	14	14	14	14
	20	31	18	15	16	30	25	18	11	16	31	23	23	23	0
f. Billing and collecting	27	27	27	9	9	33	33	11	11	11	43	29	14	0	14
	33	37	10	10	10	31	27	31	4	7	23	39	15	23	0
g. Interacting and dealing with outside agencies	13	50	37	0	0	11	11	33	0	44	29	29	14	14	14
	25	31	18	9	14	30	28	20	15	8	17	33	8	42	0
h. Gathering, processing, and evaluating information important to your group.	10	20	30	20	20	0	10	50	10	30	0	20	40	0	40
	27	30	14	14	14	28	27	25	8	13	17	33	25	25	0

TABLE GB-8 (CONTINUED--5 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
17. Enforce adherence to standard operating procedures by:															
a. Physician members (participating)	0	10	20	20	50	0	20	20	10	50	0	20	0	40	40
	2	13	19	31	34	3	10	32	15	40	0	17	8	33	42
b. Physician employees (salaried)	0	10	20	30	40	0	11	33	11	44	17	33	17	0	33
	6	15	21	25	32	3	15	22	15	45	8	15	8	23	46
c. Nurses and medical technicians	0	18	36	27	18	37	25	25	0	13	50	17	17	17	0
	12	31	33	17	7	16	35	30	14	5	17	33	42	8	0
d. Receptionists, clerks, and maintenance personnel	36	36	18	0	9	56	33	0	11	0	71	14	14	0	0
	37	40	12	5	7	42	30	14	9	2	43	50	0	7	0
e. Administrative staff	10	40	20	0	30	20	10	20	30	20	50	0	17	17	17
	25	32	19	14	10	26	26	26	2	21	36	21	7	21	14
18. Develop physician staffing plans	0	0	11	44	44	0	0	40	30	30	0	0	20	40	40
	2	16	30	32	20	8	15	39	21	18	0	15	8	46	31
19. Develop non-physician staffing plans	18	36	18	18	9	30	30	30	0	10	40	40	0	20	0
	29	39	16	10	6	47	35	8	5	5	29	36	29	7	0
20. Approve staffing plans	0	27	18	18	36	0	0	33	33	33	0	4	4	0	12
	4	17	25	21	33	7	22	34	15	22	8	8	25	58	0
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:															
a. Physician members (participating)	0	11	22	11	56	0	29	29	29	14	0	50	0	50	0
	0	15	23	18	44	11	11	19	18	41	10	0	30	50	10
b. Physician employees (salaried)	0	20	10	20	50	0	25	25	37	13	25	25	0	25	25
	5	22	13	28	33	13	7	23	20	37	25	0	17	42	17
c. Nurses and medical technicians	10	10	30	20	30	33	33	17	0	17	33	33	17	17	0
	22	30	32	9	7	30	43	11	7	9	25	33	42	0	0
d. Receptionists, clerks, and maintenance personnel	36	36	9	0	18	38	37	25	0	0	57	29	14	0	0
	35	45	12	3	5	49	36	7	2	7	62	31	8	0	0
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:															
a. Physician members (participating)	0	0	11	22	67	0	14	14	29	43	0	0	50	0	50
	2	15	10	32	42	4	11	30	15	41	18	18	18	36	9

TABLE GB-8 (CONTINUED--6 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
22. Continued.															
b. Physician employees (salaried).	0 2	0 17	0 10	33 31	67 40	0 3	22 10	11 24	33 17	33 45	0 17	25 17	25 25	0 25	50 17
c. Nurses and medical technicians.	9 18	9 18	27 33	27 18	27 14	29 26	43 30	0 28	14 8	14 12	0 31	80 42	0 23	20 0	0 0
d. Receptionists, clerks, and maintenance personnel.	18 33	46 34	9 14	9 6	18 13	50 37	38 42	0 7	12 4	0 9	17 54	83 46	0 0	0 0	0 0
e. Administrative staff.	9 20	36 29	27 12	9 12	18 27	11 28	11 33	22 9	44 7	11 23	0 29	20 29	0 21	40 7	40 14
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:															
a. Physician members (participating).	0 3	0 10	18 13	27 29	55 45	0 0	22 14	11 14	33 31	33 41	0 0	0 0	17 15	0 39	83 46
b. Physician employees (salaried).	0 4	0 13	10 9	40 36	50 38	0 2	11 12	33 14	11 6	44 45	0 0	0 0	33 31	0 31	67 38
c. Nurses and medical technicians.	9 10	18 25	27 20	27 37	18 8	29 28	43 37	14 16	0 12	14 7	50 15	50 31	0 31	0 23	0 0
d. Receptionists, clerks, and maintenance personnel.	30 15	30 42	10 13	20 22	10 8	50 37	25 33	13 16	0 7	12 7	57 50	43 29	0 21	0 0	0 0
24. Approve payment plans/salary schedules and benefits (new or revised) for:															
a. Physician members (participating).	0 0	10 13	0 14	30 25	60 47	11 2	11 9	11 16	11 23	56 49	0 0	0 8	17 15	0 23	83 54
b. Physician employees (salaried).	0 0	10 17	0 13	40 28	50 43	11 0	11 9	22 17	11 21	44 52	0 0	0 8	17 15	17 15	67 62
c. Nurses and medical technicians.	9 7	18 31	9 16	9 21	55 25	14 19	29 33	14 19	0 5	43 24	33 8	50 33	17 42	0 17	0 0
d. Receptionists, clerks, and maintenance personnel.	18 13	9 34	27 13	27 18	18 21	25 24	37 33	13 17	0 7	25 19	33 23	50 39	17 23	0 15	0 0
e. Administrative staff.	18 5	0 29	18 10	27 21	36 34	11 9	22 24	11 17	11 12	44 38	33 15	17 31	33 15	0 23	17 15

TABLE GB-8 (CONTINUED--7 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
25. **Recruit** the following to fill openings in your organization:															
a. Physician members (participating)......................	0	18	18	9	54	0	13	25	37	25	0	0	20	40	40
	0	15	20	22	43	5	5	12	14	64	8	0	17	42	33
b. Physician employees (salaried)........................	0	18	9	18	55	0	11	33	33	22	0	17	17	17	50
	0	14	16	25	45	7	7	9	16	61	21	0	21	36	21
c. Nurses and medical technicians........................	18	27	18	18	18	43	43	0	0	14	83	17	0	0	0
	33	28	25	10	3	45	37	10	7	2	42	33	25	0	0
d. Receptionists, clerks, and maintenance personnel.....	36	36	9	0	18	62	25	13	0	0	100	0	0	0	0
	53	32	12	0	3	57	26	14	0	2	57	36	7	0	0
26. **Negotiate** salary and benefit contracts with organized groups of personnel.	33	33	0	33	0	0	33	0	33	33	20	60	0	20	0
	24	38	19	5	14	36	46	9	0	9	33	50	17	0	0
27. **Approve** contracts with organized groups of personnel.....	0	17	0	50	33	0	0	33	33	33	20	40	0	0	40
	15	25	10	15	35	18	41	14	4	23	25	50	0	25	0
28. Approve appointment/hiring of:															
a. Physician members (participating)......................	0	9	9	18	64	0	0	13	38	50	0	0	0	20	80
	0	9	16	20	55	0	5	12	12	71	0	0	8	50	42
b. Physician employees (salaried)........................	0	0	18	27	55	0	0	22	33	44	0	0	0	17	83
	0	11	12	17	60	0	0	9	19	72	0	0	14	50	36
c. Nurses and medical technicians........................	0	36	18	36	9	43	43	0	0	14	67	33	0	0	0
	23	25	26	15	11	40	30	19	9	2	42	33	25	0	0
d. Receptionists, clerks, and maintenance personnel.....	30	30	20	0	20	43	29	14	14	0	86	14	0	0	0
	44	34	14	5	3	52	27	14	4	2	46	46	8	0	0
e. Administrative staff.................................	27	9	18	18	27	0	33	11	22	33	17	0	17	17	50
	23	26	16	7	28	31	17	17	14	21	21	36	7	14	21
29. **Approve** end of probationary appointments for physicians...	0	0	11	11	78	0	25	25	13	37	0	20	0	0	80
	0	11	11	14	64	0	3	18	20	59	0	0	31	38	31
30. Negotiate contracts with physicians who wish to join the group.	0	0	9	18	73	13	12	13	25	38	0	0	40	20	40
	2	10	17	20	51	7	4	10	16	52	0	0	17	33	50

TABLE GB-8 (CONTINUED--8 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
31. Orient and train new personnel:															
a. Physician members (participating)	0	10	30	10	50	17	0	33	17	33	33	67	0	0	0
	7	18	32	14	29	5	11	19	19	46	9	18	45	27	0
b. Physician employees (salaried)	0	18	27	9	45	25	0	25	25	25	17	50	0	33	0
	2	24	28	12	34	8	10	25	17	40	23	15	39	23	0
c. Nurses and medical technicians	25	33	17	8	17	57	14	14	0	14	83	17	0	0	0
	26	33	31	7	3	47	36	13	2	2	46	31	23	0	0
d. Receptionists, clerks, and maintenance personnel	36	46	9	0	9	63	25	13	0	0	83	17	0	0	0
	60	24	10	2	3	67	24	9	0	0	64	29	7	0	0
32. Survey the job satisfaction of:															
a. Physician members (participating)	11	0	11	22	56	17	0	17	33	33	0	25	0	75	0
	2	14	16	23	44	3	3	13	20	60	0	0	25	62	13
b. Physician employees (salaried)	0	0	0	22	78	13	0	13	37	37	0	20	0	40	40
	2	16	16	21	45	3	6	9	23	60	0	0	40	50	10
c. Nurses and medical technicians	0	60	20	10	10	50	33	17	0	0	40	40	0	20	0
	23	36	25	8	8	46	35	11	5	0	36	36	27	0	0
d. Receptionists, clerks, and maintenance personnel	40	30	20	0	10	57	29	14	0	0	40	40	0	20	0
	43	35	11	7	4	62	32	3	3	0	58	33	8	0	0
e. Administrative staff	46	9	18	9	18	14	14	43	14	14	20	20	20	0	40
	29	37	10	10	14	25	28	6	17	25	25	25	17	17	17
33. Conduct job performance evaluations for:															
a. Physician members (participating)	17	0	17	17	50	0	0	33	0	67	0	67	0	33	0
	9	22	22	22	26	6	11	6	44	33	13	0	25	38	13
b. Physician employees (salaried)	14	0	0	29	57	0	0	33	17	50	0	20	0	40	40
	8	19	19	19	35	4	19	8	35	35	9	9	36	36	9
c. Nurses and medical technicians	0	57	29	0	14	40	40	20	0	0	50	50	0	0	0
	30	38	17	6	9	44	35	18	3	0	27	64	9	0	0
d. Receptionists, clerks, and maintenance personnel	44	33	11	0	11	67	17	17	0	0	67	33	0	0	0
	51	31	6	4	8	54	37	9	0	0	67	25	8	0	0
e. Administrative staff	30	20	20	10	20	17	17	33	17	17	33	33	0	33	0
	33	31	7	11	18	36	29	13	3	19	42	17	17	0	25

TABLE GB-8 (CONTINUED--9 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
34. **Approve** promotions of:															
a. Physician members (participating).	0	0	14	14	71	0	0	0	80	20	0	0	0	67	33
	3	17	3	27	50	8	0	12	19	61	11	0	11	56	22
b. Physician employees (salaried)	0	0	0	33	67	0	0	0	50	50	0	0	0	20	80
	2	9	13	24	52	3	6	15	27	49	8	0	8	61	23
c. Nurses and medical technicians	10	20	20	30	20	50	0	33	0	17	83	17	0	0	0
	15	35	20	13	17	37	29	22	7	5	31	46	15	8	0
d. Receptionists, clerks, and maintenance personnel	40	20	20	0	20	67	17	0	17	0	100	0	0	0	0
	32	33	12	10	12	51	30	9	5	5	50	36	14	0	0
e. Administrative staff	20	30	0	20	30	13	13	25	37	12	33	33	0	0	33
	20	29	18	14	18	27	24	19	5	24	21	14	21	21	21
35. **Approve** dismissals and terminations of:															
a. Physician employees (salaried)	0	0	10	10	80	0	0	0	33	67	0	0	0	20	80
	0	12	11	25	52	2	9	8	16	67	0	0	0	43	57
b. Nurses and medical technicians.	25	8	33	8	25	33	17	17	0	33	50	33	0	17	0
	15	22	17	19	27	40	29	9	16	7	23	23	38	15	0
c. Receptionists, clerks, and maintenance personnel	46	9	27	0	18	43	43	0	14	0	83	0	0	17	0
	38	28	13	7	13	44	36	11	4	4	43	36	21	0	0
d. Administrative staff.	36	0	18	18	27	13	25	0	38	25	17	17	17	17	33
	22	24	14	14	26	23	27	9	11	29	14	14	29	21	21
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	10	10	0	20	60	0	0	22	22	56	20	0	0	20	60
	2	13	9	19	57	9	5	5	20	61	0	8	15	39	39
37. Interpret group policy and clarify procedures for staff and employees.	18	18	27	36	0	11	22	0	33	33	14	14	0	57	14
	7	29	32	21	11	24	18	16	20	22	7	7	64	7	14
38. Counsel, to assist with personal problems:															
a. Physician members (participating).	13	0	12	13	62	0	13	25	12	50	0	0	50	0	50
	5	18	20	36	21	10	10	13	17	50	0	0	30	50	20
b. Physician employees (salaried).	13	0	12	13	62	0	25	13	12	50	0	0	40	20	40
	2	16	26	37	19	10	10	13	17	50	0	0	36	46	18

TABLE GB-8 (CONTINUED--10 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
38. Continued.															
c. Nurses and medical technicians......................	25	25	13	12	25	57	14	14	0	14	40	40	20	0	0
	22	37	32	7	2	41	38	15	0	6	27	36	36	0	0
d. Receptionists, clerks, and maintenance personnel....	50	25	12	0	13	63	12	12	0	13	40	60	0	0	0
	49	26	17	6	2	53	38	6	0	3	58	25	17	0	0
39. Mediate/arbitrate interpersonal problems:															
a. Among physicians......................................	0	0	18	18	64	0	11	22	11	56	0	17	17	17	50
	4	11	19	19	46	5	14	11	13	57	7	0	21	21	50
b. Among nurses and medical technicians................	0	64	9	0	27	57	14	14	0	14	67	33	0	0	0
	20	37	26	9	7	40	25	18	10	8	33	42	25	0	0
c. Among receptionists, clerks, and maintenance personnel.	36	36	9	0	18	63	25	0	0	12	83	17	0	0	0
	47	34	9	4	6	56	27	10	2	5	64	29	7	0	0
d. Among administrative staff..........................	30	30	0	0	40	13	12	13	25	37	33	0	33	33	0
	31	31	14	12	12	32	22	5	12	27	23	8	23	31	15
e. Between physicians and nurses.......................	9	9	18	0	64	11	11	0	44	33	17	50	17	17	0
	9	23	26	13	28	21	16	18	24	21	0	8	42	33	17
f. Between physicians and administrators...............	10	10	10	10	60	0	0	0	33	67	0	29	43	0	29
	4	12	16	25	43	13	5	8	18	56	0	14	7	36	43
40. Discipline:															
a. Physician members (participating)...................	13	13	0	13	63	0	0	38	25	38	0	20	20	0	60
	0	10	5	25	60	6	14	3	22	56	0	0	17	33	50
b. Physician employees (salaried)......................	9	18	9	9	55	0	0	33	22	44	0	17	33	0	50
	0	10	7	22	61	5	11	6	24	58	8	0	8	25	58
c. Nurses and medical technicians......................	20	20	30	0	30	57	14	14	14	0	67	33	0	0	0
	24	31	24	13	7	45	25	20	5	5	10	50	30	10	0
d. Receptionists, clerks, and maintenance personnel....	40	40	10	0	10	62	25	13	0	0	83	17	0	0	0
	45	36	12	2	5	55	38	5	3	0	46	27	27	0	0
e. Administrative staff................................	30	10	20	0	40	33	22	0	22	22	17	50	0	17	17
	24	26	24	6	20	29	29	8	13	21	8	25	8	50	8

TABLE GB-8 (CONTINUED--11 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
41. Secure liability insurance coverage for your group and/or your physicians.	25	8	0	33	33	22	22	44	0	11	29	14	14	14	29
	21	28	22	9	21	11	24	28	4	31	7	14	43	7	29
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	38	0	25	25	13	20	20	0	40	20	25	25	0	50	0
	26	23	32	6	13	17	37	25	4	17	33	17	33	8	8
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	46	9	27	9	9	56	11	0	22	11	14	71	0	14	0
	36	45	12	2	5	42	24	27	2	4	36	21	36	7	0
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	30	20	20	0	30	33	11	11	11	33	17	17	17	33	17
	16	37	20	12	14	20	24	29	12	15	31	15	15	39	0
45. Represent the group or individual physicians in court appearance on collection cases.	100	0	0	0	0	71	14	0	0	14	100	0	0	0	0
	72	14	6	0	8	72	20	4	0	4	80	20	0	0	0
46. Represent the group or individual physicians in court appearances on malpractice litigation.	60	0	0	40	0	29	14	29	0	29	80	20	0	0	0
	30	15	15	22	19	24	20	20	12	24	46	18	0	36	0
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	67	0	33	0	0	0	33	0	33	33	50	50	0	0	0
	37	13	19	13	19	20	40	20	20	0	0	100	0	0	0
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	56	11	11	11	11	13	25	13	37	13	33	50	0	0	17
	35	26	22	6	11	72	43	14	0	11	36	36	9	9	9
49. Represent your group at health care workshops and meetings.	36	18	27	0	18	25	13	37	13	13	50	0	0	0	50
	20	30	27	11	11	32	27	22	14	5	14	29	14	29	14
50. Represent your group in civic matters and projects.	56	11	22	0	11	13	37	0	25	25	20	40	0	20	20
	15	35	24	11	15	21	30	27	15	6	25	42	17	17	0
51. Participate in public health education efforts.	25	13	13	25	25	20	20	0	20	40	25	0	0	50	25
	10	28	28	15	20	14	21	46	7	11	18	36	27	18	0
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.	25	13	25	13	25	0	17	0	17	67	40	20	0	0	20
	9	15	38	21	18	18	18	23	23	18	22	22	44	11	0

TABLE GB-8 (CONTINUED--12 OF 12)

	Small					Medium					Large				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
53. Work with the news media in releasing public and civic interest stories.	33	17	0	0	50	17	0	33	17	33	20	40	0	40	0
	17	27	37	10	10	19	33	24	10	14	25	25	37	13	0
54. Negotiate medical services covered under health care contracts with organized consumer groups.	17	0	17	17	50	0	0	25	50	25	33	17	0	50	0
	20	35	10	25	10	33	17	29	8	13	0	22	67	11	0
55. Negotiate fees or prices for health care contracts with organized consumer groups.	17	0	17	17	50	0	14	14	29	43	33	0	0	67	0
	18	23	32	9	18	25	25	20	15	15	13	3	50	0	0
56. Approve contracts with organized consumer groups........	0	20	20	0	60	0	0	14	29	57	0	0	0	40	60
	5	21	26	26	21	5	16	37	10	32	0	11	44	22	22
57. Settle grievances with industrial or group accounts.....	17	17	33	0	33	13	25	13	25	25	25	25	25	25	0
	36	36	14	4	11	20	37	23	13	7	33	22	44	0	0
58. Work with third party payors to assure efficient collections for the group.	38	38	0	25	6	33	33	11	11	11	57	14	14	14	0
	52	26	14	4	4	46	34	12	7	0	55	18	9	9	9

TABLE GB-9

Percentage of Governing Bodies' Responses by Size and Payment Mechanism--Decision Table

Part of the survey questionnaire included the Decision Table. The Decision Table consisted of a number of hypothetical changes that might be made in a medical group practice. After reviewing the list, the governing body chairperson indicated the person or group who would have final authority in making the decision before the change would be made. The chairpersons' responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical groups--small, medium, large--and by the payment mechanisms employed by the groups--prepayment or fee for service.

Table GB-9 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each hypothetical change. For each hypothetical change, the top tow of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 58% of chairpersons from small prepaid groups indicated that their governing body (GB) would have final authority for the decision of setting the fee schedule for the clinic (1b); 92% of chairpersons from large fee for service groups indicated that their governing body (GB) would have final authority for the decision of setting the fee schedule for the clinic (1b).

TABLE GB-9

PERCENTAGE OF GOVERNING BODIES' RESPONSES BY SIZE AND PAYMENT MECHANISM
-DECISION TABLE-

	Small	Medium	Large
1. Final authority for decision			
a. Initiate a new patient education program for diabetics:			
Governing body	30 51	33 42	43 43
Medical director	20 10	22 7	0 7
Administrator	10 0	0 0	0 0
Medical department head	10 12	22 23	0 29
Non-medical department supervisor	0 0	0 2	0 0
Individual physician	20 24	22 19	14 14
Other	10 3	0 7	43 7
b. Setting the fee schedules for the clinic:			
Governing body	58 81	80 80	71 92
Medical director	17 2	0 4	0 0
Administrator	17 9	0 0	0 8
Medical department head	0 0	0 0	14 0
Non-medical department supervisor	0 0	0 2	0 0
Individual physician	0 5	10 9	14 0
Other	8 3	10 4	0 0
c. Change in the level of remuneration for an individual physician member (participating):			
Governing body	73 91	80 83	83 83
Medical director	18 3	0 2	0 0
Administrator	0 2	0 0	0 0
Medical department head	0 0	10 0	17 8

TABLE GB-9 (CONTINUED--2 OF 4)

	Small	Medium	Large
1. c. (Continued)			
Non-medical department supervisor	0 0	0 0	0 0
Individual physician.	0 0	0 0	0 8
Other	9 5	10 15	0 8
d. Change in the hours of clinic service:			
Governing body.	75 83	70 80	86 85
Medical director.	17 3	10 0	0 8
Administrator	0 8	0 4	0 8
Medical department head	0 0	0 0	0 0
Non-medical department supervisor	0 0	0 0	0 0
Individual physician.	0 2	10 0	14 0
Other	8 5	10 16	0 0
e. Establish a new cost finding system for the clinic:			
Governing body.	18 45	50 50	71 50
Medical director.	18 0	0 0	0 7
Administrator	64 55	40 44	29 43
Medical department head	0 0	0 0	0 0
Non-medical department supervisor	0 0	0 0	0 0
Individual physician.	0 0	0 0	0 0
Other	0 0	10 7	0 0
f. Redecorate and refurnish the clinic waiting room:			
Governing body.	73 54	44 66	71 61
Medical director.	9 3	0 0	0 0

TABLE GB-9 (CONTINUED--3 OF 4)

	Small	Medium	Large
1. f. (Continued)			
Administrator	18	44	14
	39	30	39
Medical department head	0	0	0
	0	0	0
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	0	0
	0	0	0
Other	0	11	14
	3	5	0
g. Business insurance decisions for the group (e.g., liability insurance not fringe benefits):			
Governing body.	46	60	71
	73	73	86
Medical director.	0	0	0
	0	0	0
Administrator	45	20	29
	27	23	14
Medical department head	0	0	0
	0	0	0
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	10	0
	0	0	0
Other	9	10	0
	0	5	0
h. Termination of a non-physician professional person:			
Governing body.	17	30	14
	39	36	39
Medical director.	0	10	0
	3	2	0
Administrator	75	50	86
	57	58	62
Medical department head	0	10	0
	0	0	0
Non-medical department supervisor	0	0	0
	0	2	0
Individual physician.	0	0	0
	2	0	0
Other	8	0	0
	0	2	0

TABLE GB-9 (CONTINUED--4 OF 4)

1. (Continued)

I. Approval of a feasibility study on a partial pre-paid medical program in the group:

	Small	Medium	Large
Governing body.	78	67	86
	81	84	77
Medical director.	11	0	0
	0	2	0
Administrator	0	0	0
	16	7	23
Medical department head	0	0	0
	0	0	0
Non-medical department supervisor	0	0	0
	0	0	0
Individual physician.	0	11	14
	0	0	0
Other	11	22	0
	3	7	0

J. Routine work assignment scheduling for clerical personnel in business office:

	Small	Medium	Large
Governing body.	0	0	0
	2	2	0
Medical director.	0	0	0
	0	2	0
Administrator	82	89	86
	87	86	93
Medical department head	0	0	0
	0	0	0
Non-medical department supervisor	0	11	14
	9	7	7
Individual physician.	0	0	0
	0	0	0
Other	18	0	0
	3	3	0

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TABLE GB-10

Percentage of Governing Bodies' Responses by Size and Payment Mechanism--Critical Tasks by Fine's Methodology

Included in the survey questionnaire was the Critical Tasks Section. In this section, the governing body chairperson listed the five most important tasks that his governing body performed. Later, these responses were content analyzed using a functional task analysis adapted from procedures developed by Fine (1955, 1965, 1971). Also these responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical groups--small, medium, large--and by the payment mechanisms employed by the groups--prepayment or fee for service.

Table GB-10 presents the cross tabulation by size in the three columns and payment mechanism in two rows for each functional category. For each functional category, the top row of numbers always represents responses (in percentages) by prepayment groups, and the bottom row always represents responses (in percentages) by fee for service groups. For example, 40% of chairpersons from small prepaid groups indicated that the first most important data task performed was analyzing (1a7); 46 % of chairpersons from large fee for service groups indicated that the first most important data task performed was analyzing (1a7).

TABLE GB-10

PERCENTAGE OF GOVERNING BODIES' RESPONSES BY SIZE AND PAYMENT MECHANISM
-CRITICAL TASKS BY FINE'S METHODOLOGY-

1. First most important task

a. Data:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	2	0	0
(2) No significant relationship	0	13	0
	0	0	0
(3) Comparing	0	0	0
	0	0	0
(4) Copying	0	0	0
	0	0	0
(5) Computing	0	0	0
	0	0	0
(6) Compiling	30	0	0
	29	22	15
(7) Analyzing	40	13	33
	37	38	46
(8) Coordinating.	30	25	17
	14	8	31
(9) Synthesizing.	0	0	0
	0	0	0

b. People:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) Serving	0	0	0
	0	0	0
(3) Speaking--Signaling	0	13	0
	0	0	0
(4) Persuading.	0	13	0
	100	0	0
(5) Diverting	0	0	0
	0	0	0
(6) Supervising	0	13	17
	0	11	8
(7) Instructing	0	0	0
	0	0	0
(8) Negotiating	0	13	33
	12	22	0
(9) Mentoring	0	0	0
	0	0	0

TABLE GB-10 (CONTINUED--2 OF 5)

2. Second most important task
   a. Data:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	0	0	0
(3) Comparing	0	13	0
	0	0	0
(4) Copying	0	0	0
	0	0	0
(5) Computing	0	0	0
	4	3	8
(6) Compiling	30	38	33
	22	12	42
(7) Analyzing	40	0	33
	41	33	25
(8) Coordinating.	0	13	17
	8	3	0
(9) Synthesizing.	0	0	0
	0	0	0

b. People:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) Serving	0	13	0
	0	0	0
(3) Speaking--Signaling	0	0	0
	0	0	0
(4) Persuading.	20	0	0
	12	9	17
(5) Diverting	0	0	0
	0	0	0
(6) Supervising	10	0	0
	2	18	8
(7) Instructing	0	13	0
	0	0	0
(8) Negotiating	0	0	17
	10	21	0
(9) Mentoring	0	13	0
	0	0	0

TABLE GB-10 (CONTINUED--3 OF 5)

3. Third most important task
   a. Data:

	Small	Medium	Large
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	2	0	0
(3) Comparing	0	0	0
	0	3	0
(4) Copying	0	0	0
	0	0	0
(5) Computing	0	0	17
	5	3	0
(6) Compiling	0	0	17
	14	13	9
(7) Analyzing	80	29	17
	41	29	46
(8) Coordinating.	0	0	17
	0	7	9
(9) Synthesizing.	0	0	0
	0	0	0

   b. People

	Small	Medium	Large
(1) No significant relationship	0	0	17
	0	0	0
(2) Serving	0	0	0
	0	0	0
(3) Speaking--Signaling	10	14	0
	0	7	0
(4) Persuading.	0	0	0
	7	16	18
(5) Diverting	0	0	0
	0	0	0
(6) Supervising	10	14	0
	11	10	9
(7) Instructing	0	14	17
	0	3	0
(8) Negotiating	0	29	0
	21	7	9
(9) Mentoring	0	0	0
	0	3	0

TABLE GB-10 (CONTINUED--4 OF 5)

	Small	Medium	Large
4. Fourth most important task			
a. Data:			
(1) No significant relationship	0	0	0
	0	0	0
(2) No significant relationship	0	0	0
	0	0	0
(3) Comparing	0	0	0
	0	0	0
(4) Copying	0	0	0
	0	0	0
(5) Computing	0	17	0
	5	7	11
(6) Compiling	20	0	0
	18	18	33
(7) Analyzing	20	67	50
	43	36	11
(8) Coordinating.	10	0	0
	0	0	11
(9) Synthesizing.	0	0	0
	0	0	0
b. People:			
(1) No significant relationship	0	0	17
	0	0	0
(2) Serving	0	0	0
	0	0	0
(3) Speaking--Signaling	0	17	0
	0	0	0
(4) Persuading.	10	0	17
	5	0	33
(5) Diverting	0	0	0
	0	7	0
(6) Supervising	0	0	0
	18	14	0
(7) Instructing	0	0	0
	3	0	0
(8) Negotiating	40	0	17
	10	18	0
(9) Mentoring	0	0	0
	0	0	0

TABLE GB-10 (CONTINUED--5 OF 5)

5. Fifth most important task

a. Data:

	Small	Medium	Large
(1) No significant relationship	0 0	0 0	0 0
(2) No significant relationship	0 3	0 0	0 0
(3) Comparing	0 3	0 0	0 0
(4) Copying	0 0	0 0	0 56
(5) Computing	0 0	0 0	0 11
(6) Compiling	17 20	0 20	0 0
(7) Analyzing	33 33	20 44	40 11
(8) Coordinating.	0 0	0 0	0 0
(9) Synthesizing.	0 0	0 0	0 0

b. People:

	Small	Medium	Large
(1) No significant relationship	0 0	0 0	0 0
(2) Serving	0 0	0 0	0 0
(3) Speaking--Signaling	0 0	20 4	20 0
(4) Persuading.	33 13	20 16	40 11
(5) Diverting	0 0	0 4	0 0
(6) Supervising	17 17	0 8	0 22
(7) Instructing	0 3	20 0	0 0
(8) Negotiating	0 7	20 4	0 0
(9) Mentoring	0 0	0 0	0 0

TABLE GB-11

Governing Bodies' Responses by Size and Payment Mechanism-- Average Number of Tasks by Katz and Kahn Subsystems (Column 1 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. For each task, the governing body chairpersons responded as to whether the task was performed in their medical groups. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical groups--small, medium, large--and by the payment mechanism employed by the groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table GB-11 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism. The cross tabulation is presented in terms of average numbers of tasks for each subsystem. For example, chairpersons from small fee for service groups indicated that the average number of "maintenance" tasks performed in their medical groups was 34.00; chairpersons from large prepaid groups indicated that the average number of "managerial" tasks performed in their medical groups was 54.00.

TABLE GB-11

GOVERNING BODIES' RESPONSES BY SIZE AND PAYMENT MECHANISM
-AVERAGE NUMBER OF TASKS BY KATZ AND KAHN SUBSYSTEMS (COLUMN 1 OF STANDARD LIST)-

Subsystems	Fee For Service			Prepayment		
	Small	Medium	Large	Small	Medium	Large
Total Tasks Performed	114.78	121.51	121.42	108.20	121.89	109.33
1. Maintenance................................	34.00	35.49	35.46	33.55	34.67	31.50
2. Boundary/Production Supportive-Procurement.....................	11.24	12.55	12.64	11.10	12.78	12.50
3. Boundary/Production Supportive-Disposal.......................	4.26	4.34	5.23	4.15	5.00	4.14
4. Boundary/Institutional Supportive................................	1.74	1.52	2.07	1.69	2.22	2.14
5. Adaptive....................................	8.21	8.42	9.08	7.50	9.30	8.00
6. Managerial..................................	55.62	58.57	59.86	53.54	59.00	54.00

TABLE GB-12

Governing Bodies' Responses by Size and Payment Mechanism--Chief Responsibility Expressed as a Percentage of Subsystem Tasks in Each Katz and Kahn Subsystem (Column 2 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in his group, the governing body chairperson responded as to who was chiefly responsible for satisfactory performance of the task. This response was made according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator. These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical groups--small, medium, large--and by the payment mechanisms employed by the groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table GB-12 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism. The cross tabulation is presented in terms of percentages of chief responsibility for each subsystem. For example, chairpersons from small fee for service groups indicated that their governing bodies were chiefly responsible for 28% of the "maintenance" tasks performed in the medical groups; chairpersons from large prepaid groups indicated that medical directors were chiefly responsible for 12% of the "maintenance" tasks performed in the medical groups.

TABLE GB-12

GOVERNING BODIES' RESPONSES BY SIZE AND PAYMENT MECHANISM-- CHIEF RESPONSIBILITY EXPRESSED AS A PERCENTAGE OF SUBSYSTEM TASKS IN EACH KATZ AND KAHN SUBSYSTEM (COLUMN 2 OF STANDARD LIST)

Subsystem	Chief Responsibility	Fee For Service			Prepayment		
		Small	Medium	Large	Small	Medium	Large
1. Maintenance							
	No One	0	1	1	0	0	0
	Professional Administrator	59	54	56	59	48	63
	Medical Director	8	6	10	22	17	12
	Governing Body	28	30	30	14	28	15
	Other	5	8	3	4	7	9
2. Boundary/Production Supportive-Procurement							
	No One	0	1	0	1	1	1
	Professional Administrator	69	65	66	61	59	47
	Medical Director	8	6	7	21	16	22
	Governing Body	18	20	17	11	10	13
	Other	5	8	10	7	14	17
3. Boundary/Production Supportive-Disposal							
	No One	0	1	0	9	8	4
	Professional Administrator	61	65	58	73	55	52
	Medical Director	13	8	10	8	23	32
	Governing Body	8	4	9	2	3	0
	Other	13	21	23	7	11	12
4. Boundary/Institutional Supportive							
	No One	2	7	0	5	0	0
	Professional Administrator	36	29	13	36	43	10
	Medical Director	10	7	7	14	24	33
	Governing Body	24	17	30	5	5	5
	Other	13	17	30	14	29	24
5. Adaptive							
	No One	2	1	1	1	1	1
	Professional Administrator	62	57	57	51	61	55
	Medical Director	8	7	8	27	17	10
	Governing Body	23	26	27	11	14	13
	Other	5	9	8	2	7	20
6. Managerial							
	No One	1	1	0	0	0	0
	Professional Administrator	43	37	42	46	32	46
	Medical Director	8	5	7	21	15	10
	Governing Body	45	49	47	29	42	37
	Other	4	8	4	3	11	7

TABLE GB-13

Governing Bodies' Responses by Size and Payment Mechanism--
Governing Bodies' Average Personal Involvement by Katz and Kahn Subsystems
(Column 3 of Standard List)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. The governing body chairperson responded as to the extent of his governing body's involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the medical groups--small, medium, large--and by the payment mechanisms employed by the groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table PA-13 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism. The cross tabulation is presented in terms of the average personal involvement for each Katz and Kahn subsystem. For example, the average personal involvement of governing bodies from small fee for service groups was 2.84 for tasks in the maintenance subsystem; the average personal involvement of governing bodies from large prepaid groups was 2.65 for tasks in the maintenance subsystem.

TABLE GB-13

GOVERNING BODIES' RESPONSES BY SIZE AND PAYMENT MECHANISM
-GOVERNING BODIES' AVERAGE PERSONAL INVOLVEMENT BY KATZ AND KAHN SUBSYSTEMS
(COLUMN 3 OF STANDARD LIST)-

Subsystem	Fee For Service			Prepayment		
	Small	Medium	Large	Small	Medium	Large
Average Total Involvement	2.94	2.90	2.81	3.29	3.23	2.90
1. Maintenance	2.84	2.74	2.63	3.08	2.87	2.65
2. Boundary/Production Supportive-Procurement	2.77	2.77	2.57	3.23	3.00	2.71
3. Boundary/Production Supportive-Disposal	2.34	2.12	2.23	2.76	2.60	2.28
4. Boundary/Institutional Supportive	2.91	2.80	2.49	3.13	3.89	2.80
5. Adaptive	2.87	2.79	2.88	3.16	3.44	2.88
6. Managerial	3.17	3.12	3.02	3.52	3.47	3.14

TABLE GB-14

Governing Bodies' Responses by Size and Payment Mechanism-- Governing Bodies' Average Personal Involvement by Who is Chiefly Resposible in Each Katz and Kahn Subsystem (Column 2--3 Interaction)

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. The governing body chairperson responded as to the extent of his governing body's personal involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5). The chairperson also responded as to who was chiefly responsible for satisfactory performance of the task according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator.

These responses were cross tabulated by three categories of size and two categories of payment mechanism. In other words, the responses were classified by the size of the professional administrators' groups--small, medium, large-- and by the payment mechanisms employed by their groups--prepayment or fee for service.

In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn subsystems (1966). After each task was categorized into the appropriate Katz and Kahn subsystem, the cross tabulation by size and payment mechanism was computed for each subsystem.

Table GB-14 presents the cross tabulation by payment mechanism in the two major columns and size in the three columns which are subsets of each payment mechanism.

The cross tabulation is presented in terms of the interaction between the governing bodies' average personal involvement by who is chiefly responsible in each Katz and Kahn subsystem. For example, with regard to maintenance tasks, the average personal involvement of governing bodies from small fee for service groups was 2.19 for the tasks in which the professional administrator was chiefly responsible and was 1.41 for the tasks in which the medical director was chiefly responsible. Again, with regard to maintenance tasks, the average personal involvement of governing bodies from large prepaid groups was 2.03 for the tasks in which the professional administrator was chiefly responsible and was 1.90 for the tasks in which the medical director was chiefly responsible.

TABLE GB-14

GOVERNING BODIES' RESPONSES BY SIZE AND PAYMENT MECHANISM -GOVERNING BODIES' AVERAGE PERSONAL INVOLVEMENT BY WHO IS CHIEFLY RESPONSIBLE IN EACH KATZ AND KAHN SUBSYSTEM (COLUMN 2--3 INTERACTION)-

Subsystem	Chief Responsibility	Fee For Service			Prepayment		
		Small	Medium	Large	Small	Medium	Large
1. Maintenance							
	No One	.13	.19	.27	.09	.13	0
	Professional Administrator	2.19	1.90	1.86	2.45	2.12	2.03
	Medical Director	1.41	1.28	1.19	2.76	2.63	1.90
	Governing Body	3.36	3.82	3.50	2.23	3.55	3.88
	Other	1.03	1.47	.72	1.10	.92	2.05
2. Boundary/Production Supportive-Procurement							
	No One	.05	.23	0	.09	.13	.43
	Professional Administrator	2.23	2.13	1.95	2.77	2.76	1.64
	Medical Director	1.18	1.01	.83	2.39	2.13	2.47
	Governing Body	2.76	3.38	3.24	1.51	1.63	2.26
	Other	1.11	1.47	1.27	1.14	2.05	2.02
3. Boundary/Production Supportive-Disposal							
	No One	.02	.20	0	.10	.29	.29
	Professional Administrator	1.77	1.66	1.49	1.74	2.41	2.07
	Medical Director	1.07	.55	.96	.90	1.71	1.67
	Governing Body	.82	.48	1.08	.40	.57	0
	Other	.79	1.37	1.14	.55	.86	.52
4. Boundary/Institutional Supportive							
	No One	.05	.25	0	.20	0	0
	Professional Administrator	1.13	1.11	.40	1.03	2.50	.71
	Medical Director	.52	.32	.25	.80	2.00	1.14
	Governing Body	1.34	1.15	1.30	.20	.71	.71
	Other	.56	.66	.57	.40	2.00	.88
5. Adaptive							
	No One	.13	.11	.31	.18	0	.43
	Professional Administrator	2.30	2.32	2.06	2.37	3.10	2.60
	Medical Director	1.14	.76	1.17	2.16	2.11	1.68
	Governing Body	2.88	2.91	3.01	1.47	2.75	1.61
	Other	.48	1.39	.65	.36	.61	3.00
6. Managerial							
	No One	.20	.27	.31	.36	.13	.21
	Professional Administrator	2.28	1.97	1.97	2.61	2.46	2.05
	Medical Director	1.77	1.39	1.23	2.84	3.23	2.74
	Governing Body	3.61	3.93	3.59	3.24	2.69	4.48
	Other	1.22	2.47	1.38	1.18	2.70	1.89

TABLE CO-1

Frequency of Responses by Professional Administrators, Medical Directors, and Governing Bodies--Content Analysis of the Five Most Important Tasks

Included in the survey questionnaire was the Critical Tasks Section. In this section, professional administrators, medical directors, and governing bodies listed the five most important tasks that they performed as administrators. Later, these responses were content analyzed.

Table CO-1 presents the frequency of responses for each of the five most important tasks. The frequencies are presented for professional administrators, medical directors, and governing bodies. For example, five professional administrators indicated that budget preparation (A.2d) was the first most important task; seven medical directors responded that recruiting/hiring medical staff (B.10a) was the first most important task; and eight governing bodies indicated that coordinating the continuity of medical care for patients (D.1) was the first most important task.

TABLE CO-1

FREQUENCY OF RESPONSES BY PROFESSIONAL ADMINISTRATORS, MEDICAL DIRECTORS, AND GOVERNING BODIES -CONTENT ANALYSIS OF THE FIVE MOST IMPORTANT TASKS-

	LA					MD					GB				
	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th
TOTAL *(n)*	530	522	486	489	476	84	83	83	70	60	178	160	156	144	124
A. Clinic Administration															
1. Business Management:															
a. Approve contracts	0	0	0	0	0	0	0	3	0	0	0	0	1	1	1
b. Approve administrative decisions	0	0	0	0	0	0	4	0	0	2	8	24	6	5	1
c. Consult with professional administrator on group business matters (e.g., salaries, finance, personnel).	0	0	0	0	0	5	7	4	5	3	3	10	6	3	5
d. Coordinate computer management system	1	6	1	3	1	0	0	0	0	0	0	0	0	0	0
e. Coordinate planning of prepaid program	0	0	0	0	0	2	1	0	0	1	0	1	0	0	0
f. Direct/evaluate professional administrator in business matters.	0	0	0	0	0	2	0	0	1	0	1	0	2	4	6
g. Interpret governmental regulations regarding group's policy and procedures.	0	0	0	0	0	0	0	0	0	0	0	1	1	2	0
h. Develop job descriptions	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0
i. Develop/update organizational structure	0	0	2	5	1	0	0	0	0	0	1	1	0	0	0
j. Develop standard operating procedures in all aspects of clinic operation.	17	12	26	21	16	0	0	0	0	0	0	0	0	0	0
k. Direct day-to-day business affairs of group	76	22	15	17	22	0	0	0	0	0	0	0	0	0	0
l. Evaluate performance of outside consultants (e.g., lawyers, accountants).	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
m. Follow volume figures of group practice	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0
n. Handle malpractice lawsuits	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
o. Interpret/execute directives/policies of governing body.	18	15	14	6	3	5	2	1	0	1	6	0	1	0	0

TABLE CO-1 (CONTINUED--2 OF 6)

	LA					MD					GB				
	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th
A. 1. (Continued)															
p. Make major decisions	0	0	0	0	0	1	0	0	0	0	12	0	2	1	3
q. Prevent union intervention in operation	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0
r. Supervise maintenance of facilities	0	2	11	18	20	0	0	0	0	0	0	0	0	0	2
2. Finance:															
a. Accounting functions	17	22	26	19	8	0	0	0	0	0	0	0	0	0	0
b. Approve major expenditures	0	0	0	0	0	0	0	1	2	2	3	5	13	12	13
c. Approve management of finances	0	0	0	0	0	1	0	1	0	0	12	15	13	3	5
d. Budget preparation	5	8	8	8	5	0	0	1	0	0	0	0	0	0	0
e. Conduct fund raising activities	0	0	0	0	0	1	0	0	0	1	0	0	0	0	1
f. Control expenses to maintain cash flow	32	24	19	19	12	0	0	0	0	0	0	0	0	0	0
g. Develop/supervise procedures for billings	32	53	32	37	27	0	0	0	0	0	0	1	1	1	0
h. Establish and adjust fees	0	0	0	0	0	0	0	0	0	0	1	3	4	1	0
i. Manage/report financial status of group	66	52	29	23	15	0	0	0	0	0	0	0	3	2	0
j. Manage pensions/profit-sharing plans/investments.	2	1	5	12	10	0	0	1	0	0	0	1	2	5	2
k. Purchase equipment and supplies	0	6	18	32	21	0	0	0	0	0	0	0	0	0	0
l. Supervise payroll	2	0	1	0	3	0	0	0	0	0	0	0	0	0	0
3. Growth:															
a. Approve plans for physical expansion (e.g., remodeling, property acquisition).	0	0	0	0	0	4	4	11	9	5	0	1	1	2	0
b. Develop long range plans and goals (e.g., plans for community needs).	15	20	15	21	54	0	0	0	0	0	0	0	0	0	0
c. Develop or approve long range plans and goals	0	0	0	0	0	8	19	7	8	12	4	3	6	5	0
d. Develop plans for physical expansion (e.g., remodeling, property acquisition).	3	1	5	6	7	0	0	0	0	0	0	0	0	0	0

TABLE CO-1 (CONTINUED--3 OF 6)

	LA					MD					GB				
	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th
A. 3. (Continued)															
e. Secure new accounts (e.g., individual and group).	0	1	1	0	0	1	1	2	0	0	0	3	1	1	1
4. Policy:															
a. Determine personnel policy	3	2	7	2	3	0	0	0	0	0	0	0	0	0	0
b. Develop/approve changes in group practice policies.	0	0	0	0	0	0	0	0	0	0	0	2	3	2	1
c. Develop/approve fiscal policies	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1
d. Develop/approve internal policies and by-laws	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
e. Develop/approve group practice policies	0	0	0	0	0	3	0	2	0	0	28	10	0	0	0
f. Develop/approve personnel policies	0	0	0	0	0	0	0	2	1	0	0	0	2	3	1
g. Develop group practice policies	5	6	6	5	2	0	0	0	0	0	0	0	0	0	0
h. Develop/approve operations policies	0	0	0	0	0	0	0	0	0	0	7	0	2	2	4
i. Recommend changes in policy	3	5	2	3	2	0	0	0	0	0	0	0	0	0	0
B. Staff Management															
1. Determine compensation (e.g., salaries, fringe benefits, profit sharing).	5	14	9	4	8	0	2	0	0	0	2	5	8	6	2
2. Determine nonmedical personnel staffing needs	2	7	7	3	1	0	0	0	0	0	0	0	0	0	0
3. Direct/monitor work loads (e.g., work scheduling, routine and on-call hours).	20	3	12	11	3	7	2	3	5	2	1	0	1	2	1
4. Establish/monitor educational standards for employees.	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
5. Evaluate proficiency of staff:															
i. All staff	1	3	4	7	2	0	0	0	0	0	0	0	0	0	0
ii. Medical staff	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
iii. Nonmedical staff	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0

TABLE CO-1 (CONTINUED--4 OF 6)

	LA					MD					GB				
	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th
B. (Continued)															
6. Facilitate employee satisfaction:															
a. All staff	12	11	11	6	15	1	1	5	2	0	2	10	8	3	4
b. Medical staff	12	8	6	5	7	0	0	0	0	0	0	0	0	0	0
c. Nonmedical staff	6	6	3	5	5	0	0	0	0	0	0	0	0	0	0
7. Maintain communications/information flow	10	6	7	10	9	0	0	0	0	1	0	0	0	0	0
8. Mediate personal/professional conflicts:															
a. All staff	8	10	6	3	8	0	0	0	0	0	0	0	0	0	0
b. Medical staff	7	6	2	4	5	9	5	4	3	5	7	4	14	11	5
c. Nonmedical staff	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0
9. Personnel Administration:															
a. All staff	41	64	49	12	12	0	0	0	0	0	0	0	0	0	0
b. Medical staff	1	4	3	2	0	0	0	0	0	0	0	0	0	0	0
c. Nonmedical staff	12	13	3	3	2	0	0	0	0	0	0	0	0	0	0
10. Recruit/hire staff:															
a. All staff	19	21	24	14	7	0	0	0	0	0	0	0	0	0	0
b. Professional administrator	0	0	0	0	0	0	1	2	0	0	1	0	1	0	0
c. Medical staff	3	8	14	8	5	7	10	2	4	3	10	13	7	3	8
d. Nonmedical staff	5	4	2	6	2	0	0	0	0	0	0	0	0	0	0
C. Liaison															
1. Liaison among medical staff departments or between medical staff and nonmedical departments.	23	21	14	14	10	0	3	2	3	2	2	2	0	1	0
2. Liaison between governing body and group physicians	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0
3. Liaison between governing body and hospital medical staff.	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0
4. Liaison between governing body and professional administrator.	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0

TABLE CO-1 (CONTINUED--5 OF 6)

	LA					MD					GB				
	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th
C. (Continued)															
5. Liaison between professional administrator and medical staff.	0	0	0	0	0	4	6	6	2	1	0	5	1	0	2
6. Represent group in professional and public relations.	9	8	5	8	3	1	4	8	11	7	0	0	5	10	11
7. Represent group in professional relations (e.g., accountants, insurance industry, hospital, medical society).	6	4	6	16	20	1	0	0	0	0	0	0	1	0	0
8. Represent group in public relations..................	3	5	16	19	52	0	0	0	0	1	0	0	0	0	0
D. Quality Control															
1. Assure patients' satisfaction with clinic and staff..	7	13	4	18	21	0	4	1	2	7	4	2	1	1	0
2. Coordinate the continuity of medical care for patients.	0	0	0	0	0	4	0	0	0	1	8	4	0	0	1
3. Develop programs for improving health care (e.g., expanded services).	3	2	6	2	6	4	1	1	4	4	3	0	5	2	1
4. Maintain standards of quality of medical care........	0	0	0	0	0	7	7	9	2	5	19	14	6	14	8
5. Provide adequate supplies and adequate nonmedical equipment for group	0	1	0	1	1	0	1	0	1	1	1	3	2	0	0
6. Set good example of professionalism through own specialty.	0	0	0	0	0	1	2	1	1	1	1	0	0	0	1
E. Education and Research															
1. Advise physicians of research alternatives/possibilities.	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
2. Adviser for medical library.........................	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
3. Conduct research....................................	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0
4. Encourage/plan continuing education programs for staff.	0	0	2	1	2	1	1	2	3	2	0	0	1	1	1
5. Grants administration...............................	1	2	0	1	0	0	0	0	0	0	0	0	0	0	0

TABLE CO-1 (CONTINUED--6 OF 6)

	LA					MD					GB				
	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th
E. (Continued)															
6. Self-improvement through continuing education	0	0	1	4	6	0	0	0	0	0	0	0	0	0	0
7. Training/teaching	0	1	1	1	1	1	0	0	0	1	0	0	0	0	1
F. Miscellaneous															
1. Act as secretary for governing body meetings	2	3	0	1	3	0	0	0	0	0	0	0	0	0	0
2. Appoint/coordinate committee members	1	1	1	0	2	0	0	2	0	0	0	1	4	2	1
3. Elect officers of corporation	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
4. Evaluate recommendations of committees	0	0	0	0	0	1	1	0	0	0	0	0	1	3	1
5. Guide group in decision-making	11	9	4	4	3	0	1	1	0	3	2	1	1	0	0
6. Manage physician's personal financial affairs	0	3	0	3	8	0	0	0	0	0	0	0	0	0	0
7. Inform group about important issues (e.g., government regulations).	7	6	15	14	14	0	1	2	3	0	0	4	1	1	8
8. Innovate/exchange new ideas for group	1	1	2	2	6	0	1	1	0	2	2	1	2	0	1
9. Participate in committee meetings	0	0	0	0	0	1	2	3	0	2	1	1	0	0	0
10. Place signature on documents/complete forms and surveys.	0	0	0	0	1	1	0	1	2	1	0	0	0	0	1
11. Preside at stockholders and governing body meetings (e.g., plan agenda).	1	1	4	3	1	5	4	3	1	0	2	2	1	4	1

TABLE CO-2

Professional Administrator and Medical Director Responses on Time Logs--Average Number of Tasks in Each Functional Level of Fine's Methodology

Part of this study included the analysis of professional administrators' and medical directors' responses to time logs. These responses included the tasks and the time (minutes) in which each task was completed. The responses were content analyzed using a functional task analysis adapted from procedures developed by Fine (1955, 1965, 1971).

Table CO-2 presents this time log data for each functional category. For example, the table shows that an average number of 11.70 data compiling tasks are performed by professional administrators with an average time of 50.24 minutes per task; an average number of 4.33 data compiling tasks are performed by medical directors with an average time of 50.44 minutes per task.

TABLE CO-2

PROFESSIONAL ADMINISTRATOR AND MEDICAL DIRECTOR RESPONSES ON TIME LOGS -AVERAGE NUMBER OF TASKS AND AVERAGE TIME SPENT ON TASKS IN EACH FUNCTIONAL LEVEL OF FINE'S METHODOLOGY-

Fine's Methodology		Time Log			
Category	Functional Level	Average Number of Tasks		Average Time (minutes) Per Task	
		PA	MD	PA	MD
Data:	(1) No significant relationship.	9.07	7.05	65.34	60.50
	(2) No significant relationship.				
	(3) Comparing.	1.62	1.56	23.72	10.00
	(4) Copying.	1.51	.39	35.19	3.39
	(5) Computing.	1.36	0	28.87	0
	(6) Compiling.	11.70	4.33	50.24	50.44
	(7) Analyzing.	4.58	2.94	52.06	32.72
	(8) Coordinating	4.06	1.39	54.07	39.17
	(9) Synthesizing	0	0	0	0
	Total Number of Data Tasks	33.92	16.61		
	% of All Tasks that are Data Tasks .	52.75	46.28		
People:	(1) No significant relationship.	2.87	1.72	47.15	29.11
	(2) Serving.	1.81	1.00	29.55	9.39
	(3) Speaking--Signaling.	19.51	12.50	39.04	37.00
	(4) Persuading	1.51	.67	44.57	29.50
	(5) Diverting.	.55	.22	11.89	5.28
	(6) Supervising.	2.11	1.00	28.74	19.11
	(7) Instructing.	.81	.72	22.09	15.83
	(8) Negotiating.	3.24	1.00	59.60	29.28
	(9) Mentoring.	.26	.33	7.74	3.06
	Total Number of People Tasks	32.15	19.17		
	% of All Tasks that are People Tasks	46.98	53.61		

TABLE CO-2 (CONTINUED--2 OF 2)

	Average Number of Tasks		Average Time (minutes) Per Task	
	PA	MD	PA	MD
Things:				
(1) No significant relationship.	0	0	0	0
(2) Handling	.075	0	4.53	0
(3) Feeding.	.019	0	.09	0
(4) Tending.	.094	0	.85	0
5) Manipulating	.019	0	.57	0
(6) Driving--Operating	0	0	0	0
(7) Operating--Controlling	0	0	0	0
(8) Precision working.	0	0	0	0
(9) Setting up	0	0	0	0
Total Number of Things Tasks	.208	0		
% of All Tasks that are Things Tasks	.264	0		

TABLE AG-1A

Percentage of Agreement as to Chief Responsibility for Each Item in the Standard List

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in the medical group, the professional administrators, medical directors, and governing bodies responded as to who was chiefly responsible for satisfactory performance of the task. Agreement among the respondents as to chief responsibility was tabulated according to the following key: No = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator; TNP = task not performed in the medical group; TD = total disagreement as to who is chiefly responsible for satisfactory performance of the task.

Presented in the first major column of Table AG-1A, are the percentages of groups in which the professional administrators and medical directors agreed as to who was chiefly responsible for each item in the Standard List. Presented in the second major column are the percentages of groups in which the administrators and governing bodies agreed as to who was chiefly responsible for each item in the Standard List. For example, where professional administrators and medical directors from the same group responded, 24% of the groups agreed that the governing body was chiefly responsible for establishing/approving criteria for quality care (10a); where professional administrators and governing bodies from the same group responded, 37% of the groups agreed that the governing body was chiefly responsible for establishing/approving criteria for quality care (10a).

TABLE AG-1A

PERCENTAGE OF AGREEMENT AS TO CHIEF RESPONSIBILITY FOR EACH ITEM IN THE STANDARD LIST

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:														
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	0	33	3	.2	.4	16	41	.4	28	1	1	2	25	42
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	0	36	8	3	5	8	39	.4	38	2	3	3	6	47
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	0	13	10	4	2	11	59	.4	18	2	4	1	18	55
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:														
a. New medical equipment and procedures.	0	5	16	20	1	2	56	0	4	6	27	3	3	56
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	1	71	2	0	0	0	26	0	77	1	1	0	1	20
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	0	30	7	5	4	3	50	0	48	2	3	1	4	41
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	0	69	1	1	2	0	27	0	74	0	0	1	2	22
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	0	1	23	25	0	4	47	0	2	6	39	0	5	47

TABLE AG-1A (CONTINUED--2 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	0	45	3	10	1	1	39	0	44	0	12	0	2	41
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.	1	8	6	11	8	11	54	1	9	1	13	4	13	59
6. Establish/approve the need to replace existing or purchase additional medical equipment.	0	8	14	26	1	2	48	0	7	4	37	1	3	48
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	0	53	1	6	0	1	39	0	56	0	5	0	1	36
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	0	71	1	0	6	1	21	0	77	1	1	1	1	19
9. Approve purchases of equipment or services costing in excess of $1,000.	0	6	5	50	1	3	34	0	5	1	57	1	2	34
10. Establish/approve:														
a. Criteria for quality care.	0	0	18	24	1	4	54	0	0	6	37	3	8	46
b. Policies governing your group's organizational structure and type.	0	1	5	44	3	0	46	0	2	0	52	1	3	41
c. Policies governing the number and kind of patients that your group will serve.	0	0	5	34	1	7	53	0	1	0	34	2	15	48
d. Policies governing the growth or reduction in the number of physicians in your group.	0	0	10	54	0	5	31	0	0	3	56	1	3	36
e. Policies governing the growth or reduction in the number of administrators in your group.	0	6	5	31	0	6	51	0	4	0	36	0	12	48

TABLE AG-1A (CONTINUED--3 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
10. Continued.														
f. Policies governing the specialty mix of your group's physicians.	0	0	12	40	2	6	39	0	0	4	44	2	12	38
g. Financial policies.	0	10	3	34	0	0	53	0	16	0	37	0	1	46
h. Accounting policies.	0	51	1	9	1	1	36	0	58	0	7	1	2	32
i. Physician personnel policies.	0	1	20	37	2	4	36	0	2	6	47	0	2	42
j. Non-physician personnel policies.	0	57	0	5	2	0	36	0	64	0	4	1	1	30
11. Develop long-range master plans (e.g., facility, financial, etc.).	0	14	6	19	2	5	54	0	14	1	22	2	9	53
12. Approve long-range master plans (e.g., facility, financial, etc.).	0	1	4	54	1	5	35	0	1	0	55	2	9	33
13. Search and negotiate for investment capital.	0	25	2	8	3	19	43	0	31	1	5	1	22	40
14. Approve your group's operating budget.	0	1	2	45	1	10	40	0	3	0	40	1	13	43
15. Develop, review, and/or revise standard operating procedures for:														
a. Delivering patient care.	0	3	20	20	1	10	46	0	0	7	29	4	10	50
b. Physician personnel administration.	0	3	27	22	0	7	41	0	2	9	32	2	7	48
c. Non-physician personnel administration.	0	73	0	2	2	1	22	0	71	0	2	2	1	25
d. Utilization control (non-physician).	0	45	1	1	2	7	43	0	42	0	3	2	9	44

TABLE AG-1A (CONTINUED--4 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
15. Continued.														
e. Cost controls.	0	62	2	2	1	1	32	0	59	1	3	1	2	34
f. Billing and collecting.	0	81	0	1	2	2	13	0	81	0	0	2	1	16
g. Interacting and dealing with outside agencies.	0	59	3	5	0	2	31	0	61	1	3	1	3	31
h. Gathering, processing, and evaluating information important to your group.	0	51	5	1	1	1	40	0	57	2	1	1	3	37
16. Approve standard operating procedures (new or revised) for:														
a. Delivering patient care.	0	0	20	30	1	6	43	0	1	6	43	2	7	41
b. Physician personnel administration.	0	2	20	31	0	5	42	0	1	6	39	0	5	49
c. Non-physician personnel administration.	0	59	0	7	1	1	32	0	51	0	8	1	1	39
d. Utilization control (non-physician).	0	44	0	3	2	2	48	0	35	0	5	1	8	50
e. Cost controls.	0	50	1	6	1	0	41	0	43	1	8	1	1	46
f. Billing and collecting.	0	60	0	5	2	2	31	0	53	0	7	1	1	37
g. Interacting and dealing with outside agencies.	0	34	3	11	0	5	46	0	31	0	12	1	3	52
h. Gathering, processing, and evaluating information important to your group.	0	37	4	4	0	3	51	0	34	1	10	1	3	51

TABLE AG-1A (CONTINUED--5 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
17. Enforce adherence to standard operating procedures by:														
a. Physician members (participating).	0	0	28	25	0	6	41	0	1	9	41	0	7	41
b. Physician employees (salaried).	0	2	30	21	0	4	43	0	4	9	33	0	9	45
c. Nurses and medical technicians.	0	42	6	3	2	2	44	0	41	1	4	3	4	46
d. Receptionists, clerks, and maintenance personnel.	0	75	0	0	2	1	22	0	75	0	0	1	1	22
e. Administrative staff.	0	49	1	6	0	0	43	0	50	1	6	0	2	41
18. Develop physician staffing plans.	0	6	22	24	0	7	41	0	3	6	28	1	7	55
19. Develop non-physician staffing plans.	0	68	1	1	2	5	23	0	61	0	1	2	4	32
20. Approve staffing plans.	0	3	6	36	0	8	46	0	4	1	39	1	6	49
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:														
a. Physician members (participating).	0	0	14	24	0	19	43	0	0	5	24	1	21	49
b. Physician employees (salaried).	0	1	19	23	0	11	46	0	1	5	22	2	15	54
c. Nurses and medical technicians.	0	38	3	4	2	5	47	0	42	1	7	2	5	43
d. Receptionists, clerks, and maintenance personnel.	0	71	0	0	2	2	25	0	69	0	1	2	2	26
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:														
a. Physician members (participating).	0	0	9	31	0	17	42	0	0	3	28	0	21	47

TABLE AG-1A (CONTINUED--6 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
22. Continued.														
b. Physician employees (salaried).	0	0	11	30	0	10	48	0	0	5	31	0	16	48
c. Nurses and medical technicians.	0	33	3	10	1	3	49	0	25	1	15	1	4	53
d. Receptionists, clerks, and maintenance personnel.	0	65	1	3	0	1	30	0	55	0	6	0	2	37
e. Administrative staff.	0	41	3	8	0	3	44	0	35	1	14	0	2	47
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:														
a. Physician members (participating).	0	2	13	35	0	5	44	0	6	4	43	1	6	40
b. Physician employees (salaried).	0	2	14	33	0	3	47	0	6	4	42	1	7	40
c. Nurses and medical technicians.	0	50	1	3	2	4	39	0	53	0	6	2	4	34
d. Receptionists, clerks, and maintenance personnel.	0	66	1	3	1	1	28	0	68	0	4	1	2	25
24. Approve payment plans/salary schedules and benefits (new or revised) for:														
a. Physician members (participating).	0	0	6	58	0	4	32	0	0	1	60	0	6	31
b. Physician employees (salaried).	0	0	6	59	0	3	32	0	1	1	62	1	8	27
c. Nurses and medical technicians.	0	23	1	32	0	6	38	0	20	0	31	1	4	42
d. Receptionists, clerks, and maintenance personnel.	0	34	1	28	0	1	36	0	30	0	25	1	2	42
e. Administrative staff.	0	26	1	33	0	1	39	0	18	0	36	1	1	44

TABLE AG-1A (CONTINUED--7 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
25. Recruit the following to fill openings in your organization:														
a. Physician members (participating).	0	7	17	15	5	5	49	0	7	5	21	7	9	51
b. Physician employees (salaried).	0	8	20	17	6	3	45	0	9	6	23	8	5	50
c. Nurses and medical technicians.	0	61	1	0	4	4	30	0	65	0	2	4	3	30
d. Receptionists, clerks, and maintenance personnel.	0	70	0	0	4	1	25	0	76	0	1	3	1	19
26. Negotiate salary and benefit contracts with organized groups of personnel.	0	17	0	1	3	43	35	0	9	0	1	0	54	35
27. Approve contracts with organized groups of personnel.	0	2	0	12	1	43	41	0	3	0	5	0	56	35
28. Approve appointment/hiring of:														
a. Physician members (participating).	0	0	5	53	3	3	36	0	0	2	55	4	6	33
b. Physician employees (salaried).	0	0	7	55	3	2	33	0	0	1	60	3	4	31
c. Nurses and medical technicians.	0	53	1	5	2	4	35	0	50	0	6	3	3	37
d. Receptionists, clerks, and maintenance personnel.	0	68	1	3	2	1	25	0	73	0	2	2	0	23
e. Administrative staff.	0	37	1	13	0	1	47	0	41	0	11	0	1	47
29. Approve end of probationary appointments for physicians.	0	0	6	39	1	8	45	0	0	2	45	2	8	43
30. Negotiate contracts with physicians who wish to join the group.	0	8	17	27	0	4	43	0	9	6	34	2	3	45

TABLE AG-1A (CONTINUED--8 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
31. Orient and train new personnel:														
a. Physician members (participating).	0	2	23	9	1	8	57	0	6	7	13	3	12	58
b. Physician employees (salaried).	0	1	26	10	1	6	56	0	8	10	14	5	9	54
c. Nurses and medical technicians.	0	29	0	0	15	4	51	0	28	0	2	12	3	53
d. Receptionists, clerks, and maintenance personnel.	0	56	0	0	8	1	35	0	55	0	0	6	0	38
32. Survey the job satisfaction of:														
a. Physician members (participating).	0	0	17	14	0	11	57	0	2	6	21	0	12	59
b. Physician employees (salaried).	0	1	20	16	0	9	54	0	3	6	24	0	12	55
c. Nurses and medical technicians.	0	37	0	1	8	7	46	0	41	0	3	4	5	46
d. Receptionists, clerks, and maintenance personnel.	0	50	0	0	6	3	40	0	56	0	0	3	3	37
e. Administrative staff.	0	36	1	6	0	4	53	0	38	1	6	0	4	50
33. Conduct job performance evaluations for:														
a. Physician members (participating).	0	0	7	12	0	31	49	0	0	3	12	1	37	47
b. Physician employees (salaried).	0	0	8	13	0	27	51	0	0	1	15	1	31	52
c. Nurses and medical technicians.	0	35	0	1	8	10	45	0	28	1	3	6	12	51
d. Receptionists, clerks, and maintenance personnel.	0	56	0	0	5	4	35	0	49	0	0	4	7	40
e. Administrative staff.	0	38	1	6	1	8	45	0	35	0	6	0	9	50

TABLE AG-1A (CONTINUED--9 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
34. Approve promotions of:														
a. Physician members (participating).	0	0	5	24	1	21	49	0	0	1	25	1	33	40
b. Physician employees (salaried).	0	0	7	34	2	9	47	0	0	2	37	1	18	42
c. Nurses and medical technicians.	0	38	3	5	5	6	42	0	38	1	7	2	5	46
d. Receptionists, clerks, and maintenance personnel.	0	62	1	3	0	3	31	0	59	0	2	1	3	36
e. Administrative staff.	0	40	1	11	0	2	45	0	42	0	9	0	4	44
35. Approve dismissals and terminations of:														
a. Physician employees (salaried).	0	0	9	44	2	3	41	0	0	3	58	1	5	33
b. Nurses and medical technicians.	0	42	5	8	3	6	35	0	37	2	12	2	3	44
c. Receptionists, clerks, and maintenance personnel.	0	66	1	4	1	1	27	0	65	0	3	0	1	29
d. Administrative staff.	0	41	2	11	0	1	44	0	40	1	14	0	1	43
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	0	6	13	24	0	9	47	0	8	4	32	2	6	48
37. Interpret group policy and clarify procedures for staff and employees.	0	31	6	4	0	0	59	0	44	2	3	0	2	48
38. Counsel, to assist with personal problems:														
a. Physician members (participating).	0	5	24	5	0	12	54	1	6	11	8	2	19	53
b. Physician employees (salaried).	0	4	26	4	0	14	51	1	7	10	7	1	19	54

TABLE AG-1A (CONTINUED--10 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
38. Continued.														
c. Nurses and medical technicians.	0	41	1	0	1	6	47	1	43	0	0	2	7	46
d. Receptionists, clerks, and maintenance personnel.	0	49	1	0	3	4	42	0	53	0	0	1	5	39
39. Mediate/arbitrate interpersonal problems:														
a. Among physicians.	0	1	40	11	0	6	41	0	2	13	25	1	5	54
b. Among nurses and medical technicians.	0	47	1	0	3	4	44	0	51	1	3	3	5	37
c. Among receptionists, clerks, and maintenance personnel.	0	60	1	0	3	3	33	0	65	0	1	1	2	30
d. Among administrative staff.	0	42	2	4	0	2	49	0	48	1	2	0	5	44
e. Between physicians and nurses.	0	23	11	6	1	6	53	0	24	5	8	2	5	56
f. Between physicians and administrators.	0	1	20	13	0	5	61	0	3	9	29	0	6	53
40. Discipline:														
a. Physician members (participating).	0	0	16	22	0	7	55	0	0	6	37	1	13	42
b. Physician employees (salaried).	0	0	20	21	0	7	53	0	0	7	38	1	11	43
c. Nurses and medical technicians.	0	42	3	1	5	3	45	0	50	1	3	3	3	40
d. Receptionists, clerks, and maintenance personnel.	0	65	1	0	3	1	29	0	68	0	1	1	2	28
e. Administrative staff.	0	45	2	7	0	0	45	0	44	1	8	0	2	44

TABLE AG--1A (CONTINUED--11 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
41. Secure liability insurance coverage for your group and/or your physicians.	0	62	4	4	2	3	25	0	64	1	4	1	0	29
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	0	35	1	2	2	21	39	0	31	0	0	1	28	40
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	0	68	0	0	2	1	29	0	69	0	0	2	1	28
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	0	23	16	2	1	4	54	0	31	7	3	2	5	51
45. Represent the group or individual physicians in court appearance on collection cases.	0	22	0	0	6	16	56	0	23	0	0	4	22	50
46. Represent the group or individual physicians in court appearances on malpractice litigation.	0	4	3	3	14	19	57	0	1	3	2	13	26	54
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	1	2	3	0	2	61	31	0	3	1	3	3	73	21
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	0	36	4	1	3	6	49	0	40	1	1	2	12	44
49. Represent your group at health care workshops and meetings.	0	28	6	2	2	8	54	0	25	2	1	3	6	62
50. Represent your group in civic matters and projects.	0	23	7	2	2	6	60	1	30	2	2	2	12	50
51. Participate in public health education efforts.	0	2	6	5	11	8	67	0	4	3	5	13	17	58
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.	0	9	4	4	3	20	60	0	12	1	3	3	33	47

TABLE AG-1A (CONTINUED--12 OF 12)

	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
53. Work with the news media in releasing public and civic interest stories.	2	22	3	1	4	19	49	0	28	2	1	1	30	37
54. Negotiate medical services covered under health care contracts with organized consumer groups.	0	14	3	3	0	38	41	0	14	1	1	0	46	37
55. Negotiate fees or prices for health care contracts with organized consumer groups.	0	17	3	2	0	40	37	0	15	1	1	0	46	36
56. Approve contracts with organized consumer groups.	0	2	2	12	0	38	45	0	3	1	12	0	47	37
57. Settle grievances with industrial or group accounts.	0	32	1	2	0	26	39	0	29	1	1	1	28	40
58. Work with third party payors to assure efficient collections for the group.	0	59	0	1	1	1	38	0	63	0	0	3	3	31

TABLE AG-1B

Percentage of Agreement as to Chief Responsibility for Each Item in the Standard List

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in the medical group, the professional administrators, medical directors, and governing bodies responded as to who was chiefly responsible for satisfactory performance of the task. Agreement among the respondents as to chief responsibility was tabulated according to the following key: No = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator; TNP = task not performed in medical group; TD = total disagreement as to who is chiefly responsible for satisfactory performance of the task.

Presented in Table AG-1B are the percentages of groups in which the professional administrators, medical directors, and governing bodies agreed as to who was chiefly responsible for each item in the Standard List. For example, where professional administrators, medical directors, and governing bodies responded, 18% of the groups agreed that the governing body was chiefly responsible for establishing/approving criteria for quality care (10a).

TABLE AG-1B

PERCENTAGE OF AGREEMENT AS TO CHIEF RESPONSIBILITY FOR EACH ITEM IN THE STANDARD LIST

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
1. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect patient demand for your group's services, e.g.:							
a. General trends in the environment (e.g., population census and demographic data, social factors, economic data, etc.).	0	29	0	2	2	16	51
b. Legislation and regulations (e.g., NHI & HMO legislation, MEDICARE-MEDICAID, etc.).	0	26	10	3	5	8	47
c. Your group's "competition" (e.g., other medical groups, hospitals, etc.).	0	15	5	2	0	15	64
2. Collect information, process and evaluate information, and/or make recommendations relative to factors that might affect the manner in which services are rendered in your group, e.g.:							
a. New medical equipment and procedures.	0	3	18	15	2	2	61
b. New non-medical equipment and procedures (e.g., POMR, Superbill, etc.).	0	70	5	0	0	0	25
c. Legislation and regulations (e.g., PSRO, third party payor accountability regulations, etc.).	0	26	7	0	2	5	61
d. Internal processes (e.g., patient flow, overtime, cash flow, etc.).	0	67	2	0	2	0	29
3. Establish/approve your group's position on issues related to the practice of medicine in your group (e.g., PSRO, accountability, licensure/certification, etc.).	0	0	15	21	0	5	59

TABLE AG-1B (CONTINUED--2 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
4. Establish/approve your group's position on issues related to the business operations of your group (e.g., taxes, Superbill, etc.).	0	39	2	10	2	2	46
5. Attempt to influence the outcome of pending legislation or regulations that would affect your group practice.	0	8	3	7	8	10	64
6. Establish/approve the need to replace existing or purchase additional medical equipment.	0	7	10	18	2	3	61
7. Establish/approve the need to replace existing or purchase additional non-medical equipment and/or services.	0	41	2	3	0	2	52
8. Negotiate purchase price/contracts for supplies, equipment, and/or non-medical services.	0	69	2	0	5	0	25
9. Approve purchases of equipment or services costing in excess of $1,000.	0	7	2	49	0	2	41
10. Establish/approve:							
a. Criteria for quality care.	0	0	11	18	2	3	66
b. Policies governing your group's organizational structure and type.	0	0	2	39	2	0	57
c. Policies governing the number and kind of patients that your group will serve.	0	0	0	31	2	7	61
d. Policies governing the growth or reduction in the number of physicians in your group.	0	0	5	49	0	3	43
e. Policies governing the growth or reduction in the number of administrators in your group.	0	3	2	33	0	5	57

TABLE AG-1B (CONTINUED--3 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
10. Continued.							
f. Policies governing the specialty mix of your group's physicians.	0	0	7	43	2	7	43
g. Financial policies.	0	7	0	36	0	0	57
h. Accounting policies.	0	49	0	10	0	2	39
i. Physician personnel policies.	0	0	11	29	0	3	56
j. Non-physician personnel policies.	0	51	0	5	2	0	43
11. Develop long-range master plans (e.g., facility, financial, etc.).	0	11	2	15	2	3	67
12. Approve long-range master plans (e.g., facility, financial, etc.).	0	2	0	49	2	3	44
13. Search and negotiate for investment capital.	0	23	0	5	3	18	51
14. Approve your group's operating budget.	0	2	2	38	0	10	49
15. Develop, review, and/or revise standard operating procedures for:							
a. Delivering patient care.	0	0	16	13	2	8	61
b. Physician personnel administration.	0	0	23	20	0	5	52
c. Non-physician personnel administration.	0	67	0	2	3	0	28
d. Utilization control (non-physician).	0	36	0	2	3	3	56

TABLE AG-1B (CONTINUED--4 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
15. Continued.							
e. Cost controls.	0	56	3	2	0	2	38
f. Billing and collecting.	0	77	0	0	2	2	20
g. Interacting and dealing with outside agencies.	0	54	2	5	0	3	36
h. Gathering, processing, and evaluating information important to your group.	0	44	5	2	0	2	47
16. Approve standard operating procedures (new or revised) for:							
a. Delivering patient care.	0	0	13	20	2	5	61
b. Physician personnel administration.	0	0	13	20	0	3	64
c. Non-physician personnel administration.	0	52	0	2	2	2	43
d. Utilization control (non-physician).	0	43	0	2	3	2	51
e. Cost controls.	0	49	2	3	0	0	46
f. Billing and collecting.	0	59	0	3	2	2	34
g. Interacting and dealing with outside agencies.	0	31	0	10	0	3	56
h. Gathering, processing, and evaluating information important to your group.	0	31	3	5	0	3	57

TABLE AG-1B (CONTINUED--5 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
17. Enforce adherence to standard operating procedures by:							
a. Physician members (participating).	0	0	23	21	0	5	51
b. Physician employees (salaried).	0	2	25	20	0	3	51
c. Nurses and medical technicians.	0	36	3	3	2	3	52
d. Receptionists, clerks, and maintenance personnel.	0	70	0	0	2	2	26
e. Administrative staff.	0	39	2	7	0	0	52
18. Develop physician staffing plans.	0	5	13	15	0	2	66
19. Develop non-physician staffing plans.	0	49	0	0	3	2	46
20. Approve staffing plans.	0	3	2	29	0	5	61
21. Develop, review and/or revise job specifications, job descriptions, and/or job standards of:							
a. Physician members (participating).	0	0	13	18	0	13	56
b. Physician employees (salaried).	0	0	13	16	0	8	62
c. Nurses and medical technicians.	0	28	3	3	3	3	59
d. Receptionists, clerks, and maintenance personnel.	0	67	0	0	3	2	28
22. Approve job specifications, job descriptions, and/or job standards (new or revised) for:							
a. Physician members (participating).	0	2	3	23	0	13	59

TABLE AG-1B (CONTINUED--6 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
22. Continued.							
b. Physician employees (salaried).	0	0	7	25	0	5	64
c. Nurses and medical technicians.	0	25	3	5	0	3	64
d. Receptionists, clerks, and maintenance personnel.	0	56	0	3	0	2	39
e. Administrative staff.	0	34	3	7	0	2	54
23. Develop, review, and/or revise payment plans/salary schedules and benefits for:							
a. Physician members (participating).	0	0	10	34	0	5	51
b. Physician employees (salaried).	0	0	10	33	0	3	54
c. Nurses and medical technicians.	0	41	2	2	3	5	47
d. Receptionists, clerks, and maintenance personnel.	0	59	0	2	2	2	36
24. Approve payment plans/salary schedules and benefits (new or revised) for:							
a. Physician members (participating).	0	2	3	54	0	5	36
b. Physician employees (salaried).	0	0	3	57	0	3	36
c. Nurses and medical technicians.	0	16	2	26	0	7	49
d. Receptionists, clerks, and maintenance personnel.	0	33	0	21	0	2	44
e. Administrative staff.	0	21	0	26	0	0	52

TABLE AG-1B (CONTINUED--7 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
25. Recruit the following to fill openings in your organization:							
a. Physician members (participating).	0	5	10	15	8	5	57
b. Physician employees (salaried).	0	5	13	15	7	2	59
c. Nurses and medical technicians.	0	52	2	0	5	5	36
d. Receptionists, clerks, and maintenance personnel.	0	67	0	0	5	2	26
26. Negotiate salary and benefit contracts with organized groups of personnel.	0	18	0	2	2	36	43
27. Approve contracts with organized groups of personnel.	0	3	0	11	2	36	47
28. Approve appointment/hiring of:							
a. Physician members (participating).	0	0	3	46	5	3	43
b. Physician employees (salaried).	0	0	3	52	5	2	38
c. Nurses and medical technicians.	0	43	2	5	3	5	43
d. Receptionists, clerks, and maintenance personnel.	0	69	0	0	3	2	26
e. Administrative staff.	0	33	0	5	0	0	62
29. Approve end of probationary appointments for physicians.	0	0	2	38	2	7	52
30. Negotiate contracts with physicians who wish to join the group.	0	8	18	23	0	0	51

TABLE AG-1B (CONTINUED--8 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
31. Orient and train new personnel:							
a. Physician members (participating).	0	2	13	5	2	7	72
b. Physician employees (salaried).	0	2	21	5	2	5	66
c. Nurses and medical technicians.	0	18	0	0	10	5	67
d. Receptionists, clerks, and maintenance personnel.	0	46	0	0	5	2	47
32. Survey the job satisfaction of:							
a. Physician members (participating).	0	2	13	10	0	5	70
b. Physician employees (salaried).	0	0	18	10	0	3	69
c. Nurses and medical technicians.	0	25	0	0	10	5	61
d. Receptionists, clerks, and maintenance personnel.	0	39	0	0	7	3	51
e. Administrative staff.	0	26	2	7	0	2	64
33. Conduct job performance evaluations for:							
a. Physician members (participating).	0	0	3	8	0	26	62
b. Physician employees (salaried).	0	0	2	10	0	20	69
c. Nurses and medical technicians.	0	25	0	2	8	8	57
d. Receptionists, clerks, and maintenance personnel.	0	47	0	0	3	3	46
e. Administrative staff.	0	26	0	7	0	3	64

TABLE AG-1B (CONTINUED--9 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
34. Approve promotions of:							
a. Physician members (participating).	0	0	2	23	2	18	56
b. Physician employees (salaried).	0	0	2	34	2	8	54
c. Nurses and medical technicians.	0	26	3	0	5	5	61
d. Receptionists, clerks, and maintenance personnel.	0	49	0	0	0	3	47
e. Administrative staff.	0	31	0	8	0	0	61
35. Approve dismissals and terminations of:							
a. Physician employees (salaried).	0	0	3	44	2	3	47
b. Nurses and medical technicians.	0	33	3	5	3	5	51
c. Receptionists, clerks, and maintenance personnel.	0	51	2	3	0	2	43
d. Administrative staff.	0	28	2	8	0	0	62
36. Negotiate dissolutions from the membership of physician members (participating) who leave the group.	0	7	13	23	0	3	54
37. Interpret group policy and clarify procedures for staff and employees.	0	20	7	3	0	0	70
38. Counsel, to assist with personal problems:							
a. Physician members (participating).	0	3	25	2	0	10	61
b. Physician employees (salaried).	0	2	23	0	0	10	66

TABLE AG-1B (CONTINUED--10 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
38. Continued.							
c. Nurses and medical technicians.	0	28	2	0	3	7	61
d. Receptionists, clerks, and maintenance personnel.	0	39	2	0	2	5	52
39. Mediate/arbitrate interpersonal problems:							
a. Among physicians.	0	0	36	8	0	3	52
b. Among nurses and medical technicians.	0	34	2	0	3	5	56
c. Among receptionists, clerks, and maintenance personnel.	0	52	2	0	2	5	39
d. Among administrative staff.	0	36	3	5	0	2	54
e. Between physicians and nurses.	0	13	10	7	2	5	64
f. Between physicians and administrators.	0	0	18	13	0	7	62
40. Discipline:							
a. Physician members (participating).	0	0	11	18	0	7	64
b. Physician employees (salaried).	0	0	13	16	0	7	64
c. Nurses and medical technicians.	0	28	2	0	5	3	62
d. Receptionists, clerks, and maintenance personnel.	0	56	2	0	2	2	39
e. Administrative staff.	0	29	3	7	0	0	61

TABLE AG-1B (CONTINUED--11 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
41. Secure liability insurance coverage for your group and/or your physicians.	0	52	3	3	2	0	39
42. Survey patients to ascertain level of patient satisfaction and/or areas of dissatisfaction.	0	33	2	0	2	16	47
43. Resolve non-medical patient complaints (e.g., charges, fees, personality clashes, etc.).	0	64	0	0	0	0	36
44. Mediate/arbitrate between the group's physicians and patients in conflicts over medical services.	0	16	13	2	0	3	66
45. Represent the group or individual physicians in court appearance on collection cases.	0	13	0	0	2	15	70
46. Represent the group or individual physicians in court appearances on malpractice litigation.	0	2	2	2	11	18	66
47. Visit the group's patients in the hospital for public relations purposes (non-medical purposes).	0	2	3	0	2	56	38
48. Transmit information about your group's facilities and services to interested persons and/or organized consumer groups.	0	23	5	0	3	3	66
49. Represent your group at health care workshops and meetings.	0	10	5	2	3	5	75
50. Represent your group in civic matters and projects.	0	16	7	2	3	5	67
51. Participate in public health education efforts.	0	0	3	3	11	10	72
52. Try to gain the community's (or public's) acceptance and support for your group and its various programs.	0	7	3	3	3	20	64

TABLE AG-1B (CONTINUED--12 OF 12)

	Professional Administrator, Medical Director, and Governing Body Agreement						
	NO	PA	MD	GB	OT	TNP	TD
53. Work with the news media in releasing public and civic interest stories.	2	21	3	2	2	16	54
54. Negotiate medical services covered under health care contracts with organized consumer groups.	0	13	3	2	0	34	47
55. Negotiate fees or prices for health care contracts with organized consumer groups.	0	18	3	2	0	33	44
56. Approve contracts with organized consumer groups.	0	2	3	10	0	36	49
57. Settle grievances with industrial or group accounts.	0	25	2	3	0	20	51
58. Work with third party payors to assure efficient collections for the group.	0	52	0	2	2	2	43

TABLE AG-2

Agreement as to Chief Responsibility by Average Number of Tasks in Each Katz and Kahn Subsystem

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in the medical group, the professional administrators, medical directors, and governing bodies responded as to who was chiefly responsible for satisfactory performance of the task. Agreement among the respondents as to chief responsibility was tabulated according to the following key: No = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator; TNP = task not performed in medical group; TD = total disagreement as to who is chiefly responsible for satisfactory performance of the task. In addition, the Standard List of Administrative Tasks was classified by Katz and Kahn Subsystems (1966).

Agreement as to chief responsibility for tasks in the subsystems is presented in Table AG-2. Agreement is presented in terms of the average number of tasks agreed upon for each subsystem. The first major column presents the numbers of tasks that were agreed upon by professional administrators and medical directors from the same groups. For example, it was agreed by professional administrators and medical directors that an average of 14.9 maintenance tasks were the chief responsibility of the professional administrator. The second major column includes the numbers of tasks that were agreed upon by professional administrators and governing bodies. For example, it was agreed by professional administrators and governing bodies that an average number of 18.0 managerial tasks were the chief responsibility of the governing body. Presented in the third column are the numbers of tasks that were agreed upon by professional administrators, medical directors, and governing bodies. For example, it was agreed by professional administrators, medical directors, and governing bodies that 3.2 managerial tasks were the chief responsibility of the medical director.

TABLE AG-2

AGREEMENT AS TO CHIEF RESPONSIBILITY BY AVERAGE NUMBER OF TASKS IN EACH KATZ AND KAHN SUBSYSTEM

Subsystem	Professional Administrator and Medical Director Agreement							Professional Administrator and Governing Body Agreement							Professional Director, and	
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD	NO	PA
1. Maintenance	0	14.9	3.7	5.1	1.1	2.3	11.5	0	15.2	1.2	6.2	1.0	2.8	11.8	0	12.8
2. Boundary/Production Supportive--Procurement	0	5.8	.7	.8	.4	2.6	5.0	0	5.8	.3	.8	.4	3.1	5.3	0	6.0
3. Boundary/Production Supportive--Disposal	0	2.1	.3	.2	.3	.5	2.0	0	2.2	.1	.1	.4	.8	2.2	0	1.5
4. Boundary/Insitutional Supportive	0	.5	.2	.2	.2	.6	1.2	0	.6	.1	.2	.1	.9	1.5	0	.6
5. Adaptive	0	3.8	.8	.9	.3	.6	3.2	0	4.1	.2	1.0	.2	.8	3.2	0	3.9
6. Managerial	0	17.0	4.5	16.7	.9	3.6	22.3	.1	15.9	1.4	18.0	1.1	4.4	19.7	0	16.4

TABLE AG-2

AGREEMENT AS TO CHIEF RESPONSIBILITY BY AVERAGE NUMBER OF TASKS IN EACH KATZ AND KAHN SUBSYSTEM

fessional Administrator and dical Director Agreement						Professional Administrator and Governing Body Agreement							Professional Administrator, Medical Director, and Governing Body Agreement						
PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
14.9	3.7	5.1	1.1	2.3	11.5	0	15.2	1.2	6.2	1.0	2.8	11.8	0	12.8	4.0	4.4	1.6	3.0	13.0
5.8	.7	.8	.4	2.6	5.0	0	5.8	.3	.8	.4	3.1	5.3	0	6.0	.9	.8	.7	2.6	4.4
2.1	.3	.2	.3	.5	2.0	0	2.2	.1	.1	.4	.8	2.2	0	1.5	.5	.2	.5	.4	2.3
.5	.2	.2	.2	.6	1.2	0	.6	.1	.2	.1	.9	1.5	0	.6	.2	.2	.2	.7	1.5
3.8	.8	.9	.3	.6	3.2	0	4.1	.2	1.0	.2	.8	3.2	0	3.9	.7	.7	.2	.8	3.4
17.0	4.5	16.7	.9	3.6	22.3	.1	15.9	1.4	18.0	1.1	4.4	19.7	0	16.4	3.2	15.8	1.2	3.6	18.6

TABLE AG-3

Average of Agreement by Size and Payment Mechanism as to Chief Responsibility in Each Katz and Kahn Subsystem--Professional Administrator-Medical Director Agreement

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in the medical group, the professional administrators, medical directors, and governing bodies responded as to who was chiefly responsible for satisfactory performance of the task. Agreement among the respondents as to chief responsibility was tabulated according to the following key: No = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator; TNP = task not performed in medical group; TD = total disagreement as to who is chiefly responsible for satisfactory performance of the task.

The tasks in the Standard List were classified by Katz and Kahn subsystems (1966). In addition, the responses were cross tabulated by three categories of size--small, medium, and large--and by payment mechanism employed by the groups--prepayment or fee for service. Table AG-3 presents the cross tabulations by size in the three major columns and payment mechanism in two rows for each Katz and Kahn subsystem. For each subsystem, the top row of numbers always represents responses by prepayment groups, and the bottom row always represents responses by fee for service groups.

The data represent the average number of tasks in each subsystem upon which the professional administrator and the medical director in a group agreed as to who was chiefly responsible for the task. For example, in small, prepaid groups, professional administrators and medical directors agreed, on the average, that 11 tasks in the maintenance subsystem were the chief responsibility of the professional administrator. In medium-sized, prepaid groups, professional administrators and medical directors agreed that 18 tasks in the managerial subsystem were the chief responsibility of the governing body. In large, fee for service groups, there was agreement that 0.3 adaptive subsystem tasks were the chief responsibility of the governing body.

TABLE AG-3

AVERAGE OF AGREEMENT BY SIZE AND PAYMENT MECHANISM AS TO CHIEF RESPONSIBILITY IN EACH KATZ AND KAHN SUBSYSTEM--PROFESSIONAL ADMINISTRATOR-MEDICAL DIRECTOR AGREEMENT

Subsystem	Small							Medium									
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD
1. Maintenance	0	11.0	6.0	2.7	1.0	1.3	14.0	0	12.0	4.8	3.9	1.0	2.9	15.6	0	16.3	8.
	0	15.5	2.5	6.7	1.3	2.6	10.9	0	15.5	4.8	4.7	1.0	2.4	11.0	0	0	0
2. Boundary/Production Supportive--Procurement	0	5.5	1.0	1.3	0	2.3	4.3	0.1	6.6	0.9	0.9	0.3	1.3	4.9	0	5.8	1.
	0	6.1	0.5	1.0	0.2	3.1	5.0	0	5.7	0.7	0.8	0.5	2.6	5.3	0	3.3	0.
3. Boundary/Production Supportive--Disposal	0	2.5	0	0	0	0	2.5	0	2.5	0.5	0.1	0.1	0.3	1.9	0	1.3	0.
	0	2.2	0.4	0.3	0.3	0.8	1.8	0	2.5	0.2	0.1	0.4	0.5	2.1	0	1.7	0
4. Boundary/Institutional Supportive	0	0.2	0	0	0	1.0	2.0	0	0.7	0.2	0.2	0.2	0.2	1.1	0	0.2	0.
	0	0.8	0.2	0.4	0.1	0.8	1.3	0	0.3	0.1	0.2	0.6	0.5	1.2	0	0.3	0
5. Adaptive	0	2.5	1.8	0.8	0	0.3	3.5	0	4.3	0.5	0.4	0.4	0.5	3.3	0	3.7	1.
	0	4.3	0.8	1.0	0.2	0.8	2.6	0	2.9	0.6	1.2	0.4	0.8	3.8	0	4.3	0
6. Managerial	0	15.3	8.8	12.8	0	2.3	16.8	0	15.2	3.8	18.0	0.7	2.9	21.2	0	20.2	10.
	0	16.6	3.3	19.0	0.7	4.1	18.4	0	18.2	4.5	15.3	1.3	3.8	18.2	0	20.2	0

TABLE AG-3

VERAGE OF AGREEMENT BY SIZE AND PAYMENT MECHANISM AS TO CHIEF RESPONSIBILITY IN EACH KATZ AND KAHN SUBSYSTEM-- PROFESSIONAL ADMINISTRATOR-MEDICAL DIRECTOR AGREEMENT

Small						Medium							Large						
A	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
.0	6.0	2.7	1.0	1.3	14.0	0	12.0	4.8	3.9	1.0	2.9	15.6	0	16.3	8.0	1.3	0	1.0	8.8
.5	2.5	6.7	1.3	2.6	10.9	0	15.5	4.8	4.7	1.0	2.4	11.0	0	0	0	0	0	0	0
.5	1.0	1.3	0	2.3	4.3	0.1	6.6	0.9	0.9	0.3	1.3	4.9	0	5.8	1.5	0.2	0.5	4.0	4.2
.1	0.5	1.0	0.2	3.1	5.0	0	5.7	0.7	0.8	0.5	2.6	5.3	0	3.3	0.5	0.5	0.8	4.0	6.5
.5	0	0	0	0	2.5	0	2.5	0.5	0.1	0.1	0.3	1.9	0	1.3	0.5	0	0	0	3.0
.2	0.4	0.3	0.3	0.8	1.8	0	2.5	0.2	0.1	0.4	0.5	2.1	0	1.7	0	0	0.3	0	3.0
.2	0	0	0	1.0	2.0	0	0.7	0.2	0.2	0.2	0.2	1.1	0	0.2	0.6	0	0.7	0	1.6
.8	0.2	0.4	0.1	0.8	1.3	0	0.3	0.1	0.2	0.6	0.5	1.2	0	0.3	0	0	0.7	1.0	1.7
.5	1.8	0.8	0	0.3	3.5	0	4.3	0.5	0.4	0.4	0.5	3.3	0	3.7	1.0	0.2	0.7	0	3.8
.3	0.8	1.0	0.2	0.8	2.6	0	2.9	0.6	1.2	0.4	0.8	3.8	0	4.3	0	0.3	0	0	2.7
.3	8.8	12.8	0	2.3	16.8	0	15.2	3.8	18.0	0.7	2.9	21.2	0	20.2	10.4	8.8	1.2	2.0	17.8
.6	3.3	19.0	0.7	4.1	18.4	0	18.2	4.5	15.3	1.3	3.8	18.2	0	20.2	0	0	0	0	0

TABLE AG-4

Average of Agreement by Size and Payment Mechanism as to Chief Responsibility in Each Katz and Kahn Subsystem--Professional Administrator-Governing Body Agreement

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in the medical group, the professional administrators, medical directors, and governing bodies responded as to who was chiefly responsible for satisfactory performance of the task. Agreement among the respondents as to chief responsibility was tabulated according to the following key: No = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator; TNP = task not performed in medical group; TD = total disagreement as to who is chiefly responsible for satisfactory performance of the task.

The tasks in the Standard List were classified in Katz and Kahn subsystems (1966). In addition, the responses were cross tabulated by three categories of size--small, medium, and large--and by payment mechanism employed by the groups--prepayment or fee for service. Table AG-4 presents the cross tabulations by size in the three major columns and payment mechanism in two rows for each Katz and Kahn subsystem. For each subsystem, the top row of numbers always represents responses by prepayment groups, and the bottom row always represents responses by fee for service groups.

The data represent the average number of tasks in each subsystem upon which the professional administrator and the governing body in a group agreed as to who was chiefly responsible for the task. For example, in small, prepaid groups, professional administrators and governing bodies agreed, on the average, that 15.9 tasks in the maintenance subsystem were the chief responsibility of the professional administrator. In medium-sized, fee for service groups, professional administrators and governing bodies agreed that 17.9 tasks in the managerial subsystem were the chief responsibility of the governing body. In large, fee for service groups, there was agreement that 1.0 managerial subsystem task was the chief responsibility of the medical director.

TABLE AG-4

AVERAGE OF AGREEMENT BY SIZE AND PAYMENT MECHANISM AS TO CHIEF RESPONSIBILITY IN EACH KATZ AND KAHN SUBSYSTEM--PROFESSIONAL ADMINISTRATOR-GOVERNING BODY AGREEMENT

Subsystem	Small							Medium							Large						
	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
1. Maintenance	0	15.9	3.7	5.9	0.3	1.4	10.3	0	10.8	3.0	4.1	0.4	6.4	16.8	0	17.3	3.6	4.9	0.4	1.4	10.6
	0	16.2	0.8	6.8	0.8	2.7	10.5	0	14.5	0.7	5.8	1.5	2.6	12.9	0	13.7	0.9	6.8	2.0	2.9	10.6
2. Boundary/Production Supportive--Procurement	0	5.0	0.4	0.9	0.1	3.3	5.9	0.1	5.1	0.8	0.8	0.2	3.0	5.8	0	7.0	1.7	0.2	0.7	0.8	3.5
	0	6.1	0.2	0.9	0.3	3.5	5.1	0	5.7	0.2	0.8	0.5	2.8	5.4	0	5.1	0.3	0.7	0.7	2.7	5.5
3. Boundary/Production Supportive--Disposal	0	2.6	0	0	0.3	0.6	2.1	0	2.4	0.6	0.2	0.4	1.0	2.0	0	1.1	0.4	0	0.3	0.9	3.3
	0	2.2	0.1	0.2	0.3	0.8	2.0	0	2.2	0.1	0	0.3	0.8	2.3	0	2.2	0.1	0.1	0.6	0.3	2.3
4. Boundary/Institutional Supportive	0	0.7	0	0.1	0.1	0.7	1.5	0	0.4	0.2	0.1	0.2	0.7	1.3	0	0.2	0.7	0	0.3	0.3	1.7
	0	0.7	0	0.3	0.1	1.0	1.5	0	0.5	0	0.2	0.1	0.9	1.6	0	0.5	0	0.3	0.3	0.8	1.7
5. Adaptive	0	3.7	0.4	0.7	0	1.0	4.0	0	4.2	0.5	0.8	0.2	1.1	3.6	0	4.5	0.5	0.8	0.5	0.5	3.3
	0	4.3	0.2	1.2	0.1	1.0	3.0	0.1	3.9	0.1	0.9	0.2	0.7	3.6	0	4.4	0.3	0.9	0.9	0.2	2.6
6. Managerial	0	18.0	4.3	14.4	0	3.1	18.6	0.1	12.2	3.4	14.7	0.8	7.9	25.2	0	20.3	2.9	12.9	1.0	2.4	20.0
	0.1	16.0	1.1	19.0	0.5	5.0	19.0	0.1	15.7	0.9	17.9	1.6	3.5	20.4	0	14.9	1.0	19.7	3.3	3.6	18.0

TABLE AG-5

Average of Agreement by Size and Payment Mechanism as to Chief Responsibility in Each Katz and Kahn Subsystem--Professional Administrator-Medical Director-Governing Body Agreement

Part of the survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in the medical group, the professional administrators, medical directors, and governing bodies responded as to who was chiefly responsible for satisfactory performance of the task. Agreement among the respondents as to chief responsibility were tabulated according to the following key: No = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator; TNP = task not performed in medical group; TD = total disagreement as to who is chiefly responsible for satisfactory performance of the task.

The tasks in the Standard List were classified by Katz and Kahn subsystems (1966). In addition, the responses were cross tabulated by three categories of size--small, medium, and large--and by payment mechanism employed by the groups--prepayment or fee for service. Table AG-5 presents the cross tabulations by size in the three major columns and payment mechanism in two rows for each Katz and Kahn subsystem. For each subsystem, the top row of numbers always represents responses by prepayment groups, and the bottom row always represents responses by fee for service groups.

The data represent the average number of tasks in each subsystem upon which the professional administrator, the medical director, and the governing body in a group agreed as to who was chiefly responsible for the task. For example, in small, prepaid groups, professional administrators, medical directors, and governing bodies agreed, on the average, that 15 tasks in the maintenance subsystem were the chief responsibility of the professional administrator. In medium-sized, fee for service groups, professional administrators, medical directors, and governing bodies agreed that 17 tasks in the managerial subsystem were the chief responsibility of the governing body. In large, prepaid groups, there was agreement that 4 managerial subsystem tasks were the chief responsibility of the medical director.

TABLE AG-5

AVERAGE OF AGREEMENT BY SIZE AND PAYMENT MECHANISM AS TO CHIEF RESPONSIBILITY IN EACH KATZ AND KAHN SUBSYSTEM--PROFESSIONAL ADMINISTRATOR-MEDICAL DIRECTOR-GOVERNING BODY AGREEMENT

Subsystem	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD	NO	PA	MD	GB	OT	TNP	TD
1. Maintenance	0	15.0	9.0	0	0	0	10.0	0	8.3	4.0	5.3	0	5.5	17.0	0	14.0	4.0	1.5	0	0	14.5
	0	15.0	3.8	6.1	2.5	3.5	10.8	0	11.6	4.1	3.1	1.9	2.4	13.6	0	0	0	0	0	0	0
2. Boundary/Production Supportive--Procurement	0	8.0	1.0	0	0	0	1.0	0	4.7	0.7	2.7	0.7	2.0	4.7	0	7.0	2.5	0	1.0	0	2.0
	0	6.6	0.6	0.5	0.6	3.7	4.9	0	4.9	0.9	1.1	0.9	2.3	4.8	0	0	0	0	0	0	0
3. Boundary/Production Supportive--Disposal	0	0	0	0	0	0	0	0	1.0	1.5	0.5	0	0.5	1.0	0	0.7	0	0	0	0	3.0
	0	1.9	0.4	0.3	0.6	0.7	1.9	0	1.4	0.3	0.1	0.7	0.3	2.6	0	0.5	0	0	0	0.5	3.5
4. Boundary/Institutional Supportive	0	0	0	0	0	1.0	2.0	0	0.7	0.7	0.3	0.3	0	0.3	0	0.3	0.8	0	0	0	1.5
	0	0.9	0	0.3	0	0.9	1.6	0	0.3	0.3	0.7	0.7	1.0	1.0	0	0	0	0	0.5	1.5	2.5
5. Adaptive	0	1.0	2.0	2.0	0	0	5.0	0	6.0	0.2	0.6	0.4	0.2	1.4	0	3.3	0.7	0	0.3	0	5.7
	0	4.1	0.9	0.8	0.2	1.1	2.7	0	2.9	0.3	0.6	0.1	1.0	4.6	0	4.0	0	1.0	0	0	3.0
6. Managerial	0	26.0	18.0	0	0	0	10.0	0	12.3	3.5	17.3	0.3	5.3	22.0	0	19.0	4.0	11.7	1.0	0.3	18.3
	0	17.3	2.9	16.9	0	4.4	17.6	0	15.9	1.9	17.0	1.1	3.5	18.5	0	0	0	0	0	0	0

TABLE FD-1

ACCM Nominal Group--Question 1

Part of this study included collecting data for predicting the future of health care as it would affect the future role of group practice administration. Among the sources of this data was a modified Nominal Group (Van de Ven and Delbecq, 1972) that consisted of nine professional administrators who were members of the American College of Medical Group Administrators (ACMGA). Seven of these participants were the members of the executive board of ACMGA. This Nominal Group proceeded through the six steps of the Nominal Group process and generated a list of responses to the questions that the group addressed.

Table FD-1 presents the first question that this Nominal Group addressed, the responses to the question, the rankings of responses in the first round, and the ratings of responses in the second round. The reference for this process of ranking and rating is Van de Ven and Delbecq (1972).

TABLE FD-1

ACCM NOMINAL GROUP
THE DENVER HILTON
Jan. 31 - Feb. 1, 1975

Question: 1. What do you predict will happen in the health care field that will affect the future role of group practice administration (objective)?

		First Round -Ranking-		Second Round -Rating-	
		Total	Rank	Total	Rank
1.	Government controlled health maintenance for every citizen (Fee-for-service extinct, NHI will be a reality).	24	1	865	1
2.	Increased volumes of care for each patient (more use of more procedures by each patient).				
3.	In NHI for 22 years, poor medical care, hence return to conventional delivery system.				
4.	Emphasis on large health center which will support satellite offices (urban, suburban, rural).	9	4	435	3
5.	Expanded use of ancillary, more specialized personnel.	3	8	-	-
6.	Large health care centers broken down in the center into: acute, chronic, and preventive care.	5	6	149	6
7.	Health care centers will provide a broader spectrum of services.	3	8	-	-
8.	Solo practitioner will become extinct, will team up with groups which will enlarge and merge, etc.	8	5	275	5
9.	"Doctor" will change with the government paying for their education; hence, many of the lower classes will enter medicine because it's available, resulting in a different set of rules.	2	9	-	-
10.	Information exchange will be on more of an international basis because of technological advances.				
11.	Centralization of care with networks, efficient (non-overlapping), with outside decisions.				
12.	All groups will have to be accredited to participate in NHI, with both physiciansand Administrators meeting certain requirements.	5	6	115	7
13.	Diminishing fee-for-service, increased prepay/government/insurance heaTth care.	8	5	350	4
14.	Delivery of health care will be more specialized, with more physicians/population, less hours/physicians and reduced income.				
15.	Centralized data banks will be regionalized with access by Social Security number.	3	8	-	-
16.	Employee groups (including physicians) will have a greater influence on the operation of health centers.				
17.	Consumers will have an increased role in the decisions.	5	6	110	8
18.	Vertical surgery will come into its own.				
19.	With advances, physician status will be downgraded, and health care administrators will be responsible to the federally controlled organization of health care.	4	7	-	-
20.	Physicians and administrators will be assigned specific areas to work and live in by the federal government.				
21.	Return to physicians for primary care with specialists to be located in the health centers.				
22.	All employee groups will become unionized.	1	10	-	-

TABLE FD-1 (CONTINUED--2 OF 2)

ACCM Nominal Group
The Denver Hilton
Jan. 31 - Feb. 1, 1975
Question 1 Continued

		First Round -Ranking-		Second Round -Rating-	
		Total	Rank	Total	Rank
23.	Equipment used by health care centers will be more complex and expensive.				
24.	Health Care Delivery System will become more complex.	1	10	-	-
25.	Medical buildings, as we know them, will become obsolete, buildings will be lighter, more flexible.	5	6	-	-
26.	Health care as a right will be mandated (equal health care opportunity).	18	2	combined with 1	
27.	Strictly controlled malpractice insurance run by federal government, run along lines of no-fault workman's compensation.				
28.	Physicians will be less dedicated.				
29.	Security will play a prominent role in the construction of buildings.				
30.	In large controlled centers, there will be screening with: -Primary Care Physician determine problems -Psychological Social Workers -Surgery on premise with after care on premises -A teaching preventive medical unit.	4	7	-	-
31.	A much greater emphasis on ambulatory care (vertical surgery as a part).	13	3	580	2
32.	Buildings will be designed by the government with pre-fab, etc.				
33.	Hippocratic Oath will be out of vogue.				
34.	Change in land usage with fewer autos, more public transportation, hence less parking problems.				
35.	Licensing criteria for physicians will change, hence be related to training.				
36.	Billing will be changed to an automatic, computerized system.				
37.	Increased automation.				
38.	Women will play a more prominent role, there will be centralized nurseries.				
39.	The South will rise again.				
40.	Administrative services for group practice will be handled through a service corporation.	3	8	-	-
41.	Doctors choices of medications will be limited (government formulary).	1	10	-	-
42.	Elaborate cost accounting will be necessary.	5	6	100	9
43.	Time study, motion analyses will become more necessary.				
44.	Statistical support will be necessary for all changes, because they will be subject to approval.	3	8	-	-
45.	Continuing education will play a greater role for all personnel (physicians, Administrators, RN's, etc.).	2	9	-	-
46.	All emergency care will be administered in institutions.				

TABLE FD-2

ACCM Nominal Group--Question 2

Part of this study included collecting data for predicting the future of health care as it would affect the future role of group practice administration. Among the sources of this data was a modified Nominal Group (Van de Ven and Delbecq, 1972) that consisted of nine professional administrators who were members of the American College of Medical Group Administrators (ACMGA). Seven of these participants were the members of the executive board of ACMGA. This Nominal Group proceeded through the six steps of the Nominal Group process and generated a list of responses to the questions that the group addressed.

Table FD-2 presents the second question which this Nominal Group addressed, the responses to the question, the rankings of responses in the first round, and the ratings of responses in the second round. The reference for this process of ranking and rating is Van de Ven and Delbecq (1972).

TABLE FD-2

ACCM NOMINAL GROUP
THE DENVER HILTON
Jan. 31 - Feb. 1, 1975

Question: 2. If you were able to control or invent the future of health care delivery, what utopian projections would you make to establish the ideal in group practice administration?

		First Round -Ranking-			Second Round -Rating-	
		Total	Rank		Total	Rank
1.	Government should be involved in medical care only by default.	10	4		340	4
2.	Better awareness on the part of physicians of patients, their needs, what they are saying and thinking.	11	3		470	3
3.	Organizational structure gives the administrator full authority to manage clinic in area of qualifications.	5	7		130	8
4.	Quality (not luxury) health care available to all.					
5.	Require relicensing or recertification of physicians.					
6.	A problem-solving computer for administrators.					
7.	Equalization of fees between specialities and proper cost-pricing of all tests.	6	6		225	6
8.	Private foundation type funding for clinics, so as to quarantee equal helath care for each patient based on need, i.e., removing financial barriers to care).					
9.	Get physicians out of the real estate business; get rid of obsolete buildings.					
10.	Patients who have means should pay for own care, patients who don't should be helped by the government.	10	4		220	7
11.	Complete computerization of medical records, automatic billing procedures.	4	8		-	-
12.	Solutions to the many social problems which affect health care (aged, sanitation, etc.).	17	1		600	1
13.	Establish accountability for physicians and standards of patient care.	4	8		-	-
14.	Public relations rather than economics may be the prime responsibility of the administrator.					
15.	Some method of educating physicians, which is not in a completely protected environment, that gives exposure to the rest of the world.	7	5		285	5
16.	Mandatory continuing education for all clinic personnel, including support personnel; in-service training (to be included in their salary).	3	9		-	-
17.	Every clinic should be an educational center, for employees, patients, and trainees (students), paramedicals, etc.	3	9		-	-
18.	The practice of medicine should be allowed to become more competitive (pricing, advertising, etc.).	1	11		-	-
19.	Adequate and available supplies of physicians and ancillary personnel.	4	8		-	-
20.	A free competitive system well organized, competently staffed health teams enjoying mutual respect, with genuine peer review of physicians, administrators, and fees without substantial government intervention.	14	2		597	2
21.	Establish standards of performance to measure effectiveness of administrators.					
22.	Recognition by the physician of the profession of administration.	2	10		-	-
23.	Adequate policing of quality of physicians by physicians (weed out bad apples).					
24.	Preventive medicine should be taught to patients in every clinic.					
25.	More trained staff (social workers and paramedicals) in the triage process.					

TABLE FD-2 (CONTINUED--2 OF 2)

ACCM Nominal Group
The Denver Hilton
Jan. 31 - Feb. 1, 1975
Question 2 Continued

		First Round -Ranking-			Second Round -Rating-	
		Total	Rank		Total	Rank
26.	Remove preoccupation with malpractice.	4	8		-	-
27.	Good relations with other organizations in the health care delivery system (hospitals, nursing homes, etc.).	5	7		-	-
28.	Availability of full technological and professional information through visual media equipment placed in every office.	2	10		-	-
29.	Eliminate duplication of expensive equipment and facilities.	1	11		-	-
30.	Establishment of medical services corporations for the purpose of: -purchasing -maintenance -personnel -billing and collections } leased to physicians.	3	9		-	-
31.	Legal controls on malpractice plus some realistic method of censuring attorneys who act without proper cause.	1	11		-	-
32.	Screening of new patients by psychiatric social workers to determine whether problem is physical or emotional.					
33.	Retain the incentives to physicians to continue practicing.					
34.	Provide motivation for tax support of hospitals to cut costs and improve efficiency.					
35.	More health educators and better education of patients as to functions and realistic expectation of physician and the HCD system.					
36.	Some method of handling indigents without taking a financial beating.					
37.	Greater recognition by physicians of psychosomatic diseases, taught in medical school and/or continuing education.					
38.	Maintain fee for service medical care system.	2	10		-	-
39.	Establishment of free clinics for indigents.					
40.	Changing labor laws to give the employer an even break.					
41.	Physicians should be salaried so there would be a realistic base of worth.	1	11		-	-
42.	Control and restriction of physician performance to areas of qualification.					
43.	Catastrophic coverage over some percent of annual salary.					
44.	No matter what the future, keep all clinic personnel out of the bureaucracy of the civil service system.					

TABLE FD-3

California Group Practice Administrators' Nominal Group--Question 1

Part of this study included collecting data for predicting the future of health care as it would affect the future role of group practice administration. Among the sources of this data was a modified Nominal Group (Van de Ven and Delbecq, 1972) that consisted of 10 selected California group practice administrators. These administrators were selected on the basis of their written responses to a questionnaire about predicting the future mailed to all California administrators. This Nominal Group proceeded through the six steps of the Nominal Group process and generated a list of responses to the questions which the group addressed.

Table FD-3 presents the first question that this Nominal Group addressed, the responses to the question, the rankings of responses in the first round, and the ratings of responses in the second round. The reference for this process of ranking and rating is Van de Ven and Delbecq (1972).

TABLE FD-3

CALIFORNIA GROUP PRACTICE ADMINISTRATORS
NOMINAL GROUP PROCESS MEETING
SAN FRANCISCO HILTON INN
August 8, 1975

Question: 1. What do you predict will happen in the health care field that will affect the future role of group practice administration (objective)?

	First Round -Ranking-		Second Round -Rating-	
	Total	Rank	Total	Rank
1. Formalized planning processes.				
2. Price competition.	10			
3. Groups will contract with employers to provide total care to include industrial as well as group (employees and families).	2			
4. Structured fees-for-services will force changes in methods of income distribution, fringe benefits, and mobility.	9			
5. Mandatory multi-phasic clinics in every community with a population of 100,000 and citizens shall be required to take exam every other year.				
6. All clinics will be government owned, operated, or controlled.	39	1	386	10
7. Make greater use of physicians' assistants and/or reduced training for physicians who would play role of triage doctors (primary care).	6			
8. Organization will change to have consumer participation in clinic policy.	21	6	526	5
9. Health care will be provided for the jobless.	10			
10. Government accountability with standard chart of accounting and reporting.	25	3	490	6
11. Closer alignment of groups with hospital - hospital based or shared services.	12			
12. Better informed patient population.				
13. Schools to be used for all well-baby care and immunizations.	7			
14. Future legislation will place tight controls over costs allowable.	22	5	-	-
15. Women shall outnumber men in MGMA by 8% in the year 2000.				
16. Half the physicians will be women.				
17. Greater use of computer storage of health information, probably centrally controlled.	16	8	399	9
18. Clinic patients will have some kind of membership to be seen.	1			
19. All payment for medical services will be by third party.	7			
20. Group practice quality standards review and accreditation.	15	9	480	7
21. Increased use of management engineering techniques in the clinic environment.	20	7	410	8
22. Erosion of the old medical school tie.	4			
23. Doctor groups to be used for sick care only.	8			
24. Constraints will be placed on the freedom to expand, add new specialties, add new equipment.	10			
25. Advertising restrictions will be removed from most medical enterprises.				
26. More sub-specialties in clinic administration.	5			
27. Much, much, much greater involvement (control) of unions with physicians and employees.	21	6	576	2
28. Most large clinics will have a teaching program for employees and professionals.	6			
29. Increased utilization of medical care will cause deterioration of quality.	6			
30. Administrators will be licensed.	6			
31. Mandatory patient education programs.	7			

TABLE FD-3 (CONTINUED--2 OF 3)

		First Round -Ranking-		Second Round -Rating-	
		Total	Rank	Total	Rank
32.	Decreasing physician income.	13			
33.	Employers to contract with hospitals for care on a per diem basis for employees and their families, whether industrial or group.	1			
34.	Tremendous growth in numbers of groups and numbers of doctors in the group (i.e., average size of group larger).	23	4	544	3
35.	Six semester units of medical patient education will be required of every high school graduate.				
36.	Chain, pyramid, or concentric circles clinics system.	8			
37.	Ancillary services (optical, pharmaceutical, PT, midwifery) to be provided by non/M.D.'s or at no profit to the M.D. (out of clinic and control financially of doctors)	7			
38.	Financial data will be disclosed for public scrutiny.	2			
39.	Tremendous increase in numbers of administrative personnel to handle increased load of paper work.	10			
40.	Increased out-patient care, e.g., surgical care, etc.	6			
41.	Development of clinic associations (cooperative) to share in services and to reduce costs.	9			
42.	Educational requirements for clinic administrators will be on a par with hospital administrators.				
43.	Easier access to medical care by setting up adolescent clinics and geratology clinics in high schools.	6			
44.	Most administrator's and physician income levels to be guaranteed on a scale related to civil service levels.				
45.	Government trained paramedics with indentured servitude for training.				
46.	Hospitals will lose the battle to become the total providers of health care (clinics will survive!)	1			
47.	Ideal clinic will be master clinic with as many satellite clinics as community can justify.	6			
48.	Present regulations will bankrupt the provision of health care and we will have a totally new system in 15 years.				
49.	Universal health insurance.	21	6	600	1
50.	New scientific instrumentation, use of computers and television in the treatment of patients.	3			
51.	Diversification of interests by administrators and physicians of companies within and without the health industry.	5			
52.	Government administered mal-practice insurance.	26	2	-	-
53.	Use of mobile vans for multi-phasic screening to be used by employees in lieu of physicals in the office.	4			
54.	With the advent of national health care insurance, a 70% increase in demand for services will destroy the present health care system.	26	2		
55.	All administrators will be required to have a data processing degree.				
56.	Large chief clinic administrators will be political appointees.				
57.	Duties, responsibilities, etc., of clinic administrators to be standardized (less M.D. interference).				
58.	Rights of patients will exist to refuse care.				
59.	M.D.s will work in shifts around the clock and to use space and facilities more efficiently.	6			
60.	Hospitals and medical groups will become public utilities or "The decline and fall of the medical diety."	20	7	-	-
61.	Increased technical and educational skills required of administrators to cope with the above.	14	10	530	4
62.	Hospital emergency rooms to assume role of doctors office for all after-hours care.	10			
63.	Administrators will be the chief decision makers.	10			

TABLE FD-3 (CONTINUED--3 OF 3)

	First Round -Ranking- Total	First Round -Ranking- Rank		Second Round -Rating- Total	Second Round -Rating- Rank
64. There will be increased use of prepayment and capitation to anticipate medical costs, i.e. to budget effectively.	16	8		-	-
65. Overnight facilities for relatives will become part of larger clinic facilities.					
66. A lower proportion of R.N.s in the clinic.					
67. Elimination of the doctor's mystique with newly graduated doctors being considered as other employees.					
68. More M.D. administrators.	13				

TABLE FD-4

California Group Practice Administrators'
Nominal Group--Question 2

Part of this study included collecting data for predicting the future of health care as it would affect the future role of group practice administration. Among the sources of this data was a modified Nominal Group (Van de Ven and Delbecq, 1972) that consisted of 10 selected California group practice administrators. These administrators were selected on the basis of their written responses to a questionnaire about predicting the future mailed to all California administrators. This Nominal Group proceeded through the six steps of the Nominal Group process and generated a list of responses to the questions which the group addressed.

Table FD-4 presents the second question that this Nominal Group addressed, the responses to the question, the rankings of responses in the first round, and the ratings of responses in the second round. The reference for this process of ranking and rating is Van de Ven and Delbecq (1972).

TABLE FD-4

CALIFORNIA GROUP PRACTICE ADMINISTRATORS
NOMINAL GROUP PROCESS MEETING
SAN FRANCISCO HILTON INN
August 8, 1975

Question : 2. If you were able to control or invent the future of health care delivery, what utopian projections would you make to establish the ideal in group practice administration?

	First Round -Ranking-		Second Round -Rating-	
	Total	Rank	Total	Rank
1. Maintained freedom of choice. - doctors and patients - prepaid and fee-for-service	40	1	629	1
2. Less government regulation of private health care.	27	5	575	3
3. Capitation and/or prepayment eliminating billings.	19	8	-	-
4. Eliminate all bureaucratic required reporting that cannot be cost justified, and does not provide useful data not produced by other reports.	11			
5. Employ a method of payment to M.D.s oriented to actual production, and weighted by specialty.	14			
6. Federal-state funded, county-operated, group practice buildings for all medicaid eligible patients, (equipment and service provided by county).	12			
7. Total health care center as the core for all acute illness and accidents, staffed by specialties required, and supported by strategic satellites, all under one administration.	31	3	554	4
8. Schedule work time for physicians.	8			
9. Restrict M.D.s to practice of medicine.	2			
10. Increase supply of well trained M.D.s - decrease supply of lawyers.				
11. Revised mal-practice system. - less costly - justified awards.	36	2	469	6
12. Higher compensation for administrators.	3			
13. Public health facilities for immunizations, well-baby care, patient education, family planning, adolescent counseling, nutrition, and preventive health maintenance.	12			
14. Eliminate government's involvement in all elements in health care delivery.	30	4	603	2
15. Basic economic and personnel subjects required in pre-med.				
16. All medical care should be funded by pre-pay, provided by employers or government.	9			
17. Adopt separation between acute and nonacute care.				
18. Larger and better staffed and equipped multi-specialty clinics operating in voluntary cooperation with other health providers.	13			
19. No unions.	18	9	361	9
20. M.D.s paid in correlation with quantity and quality of work provided.				
21. M.D.s not suitable to groups or with personality problems, be assigned to projects not requiring a group adjustment.				
22. Administrators authorized to eliminate waste where quality of care not effected.	15	10	395	8
23. Prohibit M.D.s from becoming their own landlords.				
24. Low interest, long-term loans for buildings and equipment.	14			
25. Exotic procedures requiring special equipment and staff, be strategically located to avoid duplication.	15	10	460	7
26. Pre-select patients.	11			
27. Require regular peer-review of patient care.	11			

TABLE FD-4 (CONTINUED--2 OF 2)

	First Round -Ranking-		Second Round -Rating-	
	Total	Rank	Total	Rank
28. Develop a patient education process to cope with the "worried-well" and "worried-sick".	21	7	355	10
29. Peer-review committees should have power to discipline poor medical practice.	17			
30. VNA for control of chronic illnesses in the home to avoid unnecessary clinic visits.	5			
31. Legal restrictions on mal-practice: - awards - M.D. liability - statute of limitations - attorney contingency fees	25	6	548	5
32. Reasonable transportation system.				
33. Put more money into research to improve health care delivery.	1			
34. Better education for administrative assistants, e.g., insurance clerks, receptionists, etc.	4			
35. Adequate, but reasonable salaries for M.D.s.	8			
36. Shortening of over-populated specialties and requiring those specialists to work in medically under-served areas for two years.				
37. 50% reduction in income taxes.	4			
38. Computerize the medical record and appointments.	4			
39. Increased availability of paramedical personnel.				
40. Compulsory, problem-oriented medical records.	14			
41. M.D.s that are content to practice medicine only, and are content with their salaries.	11			
42. Sufficient M.D.s to care for sick persons unless result of distribution problem.				
43. All graduate medical students and administrators must pass handwriting legibility tests.				
44. Develop a system to adequately monitor quality of care.	4			
45. Assignment of M.D.s in the hospital for hospital practice, and allowing sufficient coverage in the office for appointments and walk-ins.	4			
46. Never having to explain what "overhead" is.	3			
47. Minimal 3-day notice for M.D. time-off.				
48. M.D.s would never exaggerate or lie.				
49. 100% government control and ownership of all health care.				
50. The South won't rise again.				
51. Allow lay ownership of medical practices.				

TABLE FD-5

Physician Nominal Group--Question 1

Part of this study included collecting data for predicting the future of health care as it would affect the future role of group practice administration. Among the sources of this data was a modified Nominal Group (Van de Ven and Delbecq, 1972) that consisted of nine medical directors from group practice settings across the country. Some of these medical directors were selected on the basis of their written responses to a questionnaire while the others were recruited on the basis of recommendations from leaders in group practice. This Nominal Group proceeded through the six steps of the Nominal Group process and generated a list of responses to the questions which the group addressed.

Table FD-5 presents the first question that this Nominal Group addressed, the responses to the question, the rankings of responses in the first round, and the ratings of responses in the second round. The reference for this process of ranking and rating is Van de Ven and Delbecq (1972).

TABLE FD-5

PHYSICIAN NOMINAL GROUP PROCESS
DENVER HILTON HOTEL
December 6, 1975

QUESTION #1: What do you predict will happen in the health care field that will effect the future role of group practice administration?

		First Round -Ranking-		Second Round -Rating-	
		Total	Rank	Total	Rank
1.	Increase in group practice in large urban areas, professional resistance in suburban and rural areas.				
2.	Fragmentation will occur in management as it has in medicine (specialization in administration will produce fragmentation) good and bad.	9			
3.	Most practitioners will attempt to join groups already established, primarily for economic rather than philosophic reasons.	18	7	495	3
4.	Increased government intervention with ultimate public utility approach to health.	23	4	370	10
5.	Planning and financing of health care facilities will become major problems with obligatory cost accounting and consumer involvement.	9			
6.	Increase in prepayment over fee-for-service type of remuneration.	18	7	392	7
7.	Development of more complete systems for ambulatory medical care services, including that for first, second, and third echelons.	6			
8.	Unionization of ambulatory personnel with the clinic or group.	16	8	252	
9.	Increasing pressures to provide first dollar comprehensive prepaid health care.	9			
10.	Groups will assume greater educational functions at all levels with academic accreditation.	4			
11.	Hospitals will influence and form the hiatus of medical care.	9			
12.	New groups of physicians will form, hospital based, or otherwise--for help in operating, they will turn to AMA, AHA--form service bureaus which will fail!				
13.	Groups will be forced to make major decisions regarding regionalization.	16	8	380	8
14.	Net take home pay for administrators and MDs will decrease in proportion to the inflationary spiral.	2			
15.	Less money for the acquisition of facilities and equipment.	2			
16.	Regionalization of health care delivery systems, in part in some areas, total in other areas.	9			
17.	Increasing number of consumer boards (balance, lay professionals) with input to administration to influence quality vs. cost.	21	5	418	5
18.	Increasing third-party pressure for monitoring quality and cost.	10			

TABLE FD-5 (CONTINUED--2 OF 4)

QUESTION #1 (Continued)	First Round -Ranking- Total	First Round -Ranking- Rank	Second Round -Rating- Total	Second Round -Rating- Rank
19. Development of rotational personnel programs and regionalized services (e.g., "branch banking").	6			
20. Increased competition (patients, equipment, MDs, all) from medical schools caused primarily by government (every level) intervention.	6			
21. MGMA and AGPA will be involved late (by default) in educating newcomers to group practice	6			
22. Major changes in the image of physicians; will influence the kind of people entering the profession.	7			
23. Administration will be required to take a more active political role in their communities.	23	4	424	4
24. Increased involvement of government in licensing and accrediting of MDs and non-MD professionals.				
25. Federally supervised evaluation of medical care as to: quality, cost effectiveness, efficiency, availability.	30	2	815	1
26. Continued government encouragement of group practice through financial incentives, tax breaks, etc.				
27. Increasing demands for preventive medicine and education--departments of education manned by health education specialists.	5			
28. Groups will use physician managers specifically trained in clinical and managerial skills.	12	10	259	10
29. Continue to put medical schools first and at center of all medical care.	6			
30. Pressure from public and union/management coalition will force the establishment to allow favorable economic treatment for groups.	4			
31. Society will turn their attentions more to accessibility and quantity and away from quality of care; hence, the tension will shift to smaller groups away from highly technical (quantity instead of quality).	11			
32. Patients will receive less personalized care--hence, more complaints at the front office.				
33. Increased teaching and educational roles for MDs in group practice.	8			
34. Major consumer involvement to influence numbers and types of MDs and other types of health care professionals; thus, medical health care delivery.	7			
35. Increased pressure and acceptance for regionalized group practice particularly in rural areas.	5			
36. Unions and others will push hard for capitation prepayment, preferably by agreement with existing groups, if need be by forming their own.				
37. Increased use of para-professionals will create status problem and medical staff organization, compensation.	12	10	196	

TABLE FD-5 (CONTINUED--3 OF 4)

QUESTION #1 (Continued)	First Round -Ranking- Total	First Round -Ranking- Rank	Second Round -Rating- Total	Second Round -Rating- Rank
38. Increased decremental quality of medical care, caused by intervention of unions, consumers, government, will make entire field less attractive to bright minds.	8			
39. An out-patient oriented allied health culture will develop its own training programs and will seek their own recognition.	9			
40. Consumerism within ten years will fade away.	1			
41. Computers will have an increased role in: 1) appointments 2) billing 3) reporting 4) record keeping 5) statistical analysis 6) clinical care.	20	6	378	9
42. Economics as part of the behavioral science curriculum will be introduced into all undergarduate and graduate training programs.				
43. Mass screening will move out of clinic and emerge as an entirely new discipline with its own personnel and its own plant.	7			
44. Recognition of the difference between health and medical care with clinics medical care co-functioning with social and health agencies.				
45. Federal government will finally be forced to recognize, certify, and license four or five levels of medical care.	4			
46. Formation of a federation of group practice providers (including MGMA, AGPA, group practice, hospitals, etc.)				
47. Increase in doctor's unions.				
48. Development of comprehensive patient education systems for all health care matters.	1			
49. Many bright minds enter health care field, but they will look at it differently.	4			
50. Terrible difficulties planning because of government inconsistencies.	4			
51. Required continuing education and reevaluation of physicians for relicensing.	8			
52. Rapid growth of clinics (increased number of MDs) is going to set up great internal pressures; hence, great difficulty in managing.	24	3	417	6
53. Formal forms of NHI which will require accommodation by clinics.				
54. In three to five years, malpractice will not be a problem.				
55. Physician's workweek will decrease in the number of hours.				
56. Pressures and incentives to put MDs in rural and ghetto areas.	1			
57. Federal research monies will be carefully allocated, rigidly controlled, and monitored for cost effectiveness.				
58. Development of almost totally prepaid health care systems.	9			

TABLE FD-5 (CONTINUED--4 OF 4)

QUESTION #1 (Continued)	First Round -Ranking- Total	Rank	Second Round -Rating- Total	Rank
59. National Health Insurance will become a reality in five years, probably through the insurance industry, subsidized where necessary by feds, prepayment, and HMOs will disappear.	35	1	661	2
60. Within ten years, health care will no longer occupy as great a public interest.	3			
61. Loan repayment schemes will fail in rural and inner city areas.				
62. Fee-for-service will always be a part of the medical scene.	1			
63. More women will be involved in medical care.				
64. By the year 2,000 a better (not utopian) process of medical care will evolve.				
65. Universal data bank via social security number will be available on all patients.	13	9	75	
66. Medical education will be rigidly controlled at both undergraduate and graduate levels.	7			

TABLE FD-6

Physician Nominal Group--Question 2

Part of this study included collecting data for predicting the future of health care as it would affect the future role of group practice administration. Among the sources of this data was a modified Nominal Group (Van de Ven and Delbecq, 1972) that consisted of nine medical directors from group practice settings across the country. Some of these medical directors were selected on the basis of their written responses to a questionnaire while the others were recruited on the basis of recommendations from leaders in group practice. This Nominal Group proceeded through the six steps of the Nominal Group process and generated a list of responses to the questions which the group addressed.

Table FD-6 presents the second question that this Nominal Group addressed, the responses to the question, the ranking of responses in the first round, and the ratings of responses in the second round. The reference for this process of ranking and rating is Van de Ven and Delbecq (1972).

TABLE FD-6

PHYSICIAN NOMINAL GROUP PROCESS
DENVER HILTON HOTEL
December 6, 1975

QUESTION #2: If you were able to control or invent the future of health care delivery, what utopian projections would you make to establish the ideal in group practice administration?

	First Round -Ranking-		Second Round -Rating-	
	Total	Rank	Total	Rank
1. All medical care will be delivered by multi-specialty groups, with or without satellites (composed either of MDs or paramedics).	45	1	613	1
2. Maintain fee-for-service system; okay to balance with prepaid.	14	8	297	10
3. Multi-specialty health centers located regionally according to population needs.	2			
4. Health planning bodies staffed mainly by providers, with informed laymen consumers in an advisory capacity only.			79	
5. Total availability to the total population.	37	2	490	5
6. Establish regional health care systems with appropriate personnel distribution.	30	3	535	3
7. Delivery of health care should integrate in and out-patients; in-patient facilities should be controlled by the out-patient groups.	9			
8. Encourage a balanced team (i.e., MD, nurse, consumer, dentist, etc.) approach to the development of a health care system that the U.S. can afford and live with.	17	6	560	2
9. Eliminate solo practice.				
10. Health care monitoring (cost and quality) standards should be set by groups such as: MGMA, AGPA with input by third-parties (government, insurance, etc.) federal input limited to this only.	29	4	343	9
11. Development of harmonious balance between acute and preventive ambulatory care.				
12. Malpractice costs be a shared community and professional responsibility with use of appropriate peer review and ethics committees.	6		20	
13. Greater use of and subsidization for group practice facilities and personnel in the education of MDs, non-MD professionals, and paramedical personnel.	8			
14. High capability to triage the sick, the well, and the worried-well	4			
15. Top administrator of regional health center should be an MD with specialty training in administration.	14	8	380	7
16. Mandatory, binding arbitration for all liability, professional and otherwise.	15	7	344	8
17. Set up more post-graduate schools and encourage use of same to train MD administrators.				
18. Develop a flexible capitation system capable of full prepayment but adaptable to divergent cost coverages.	9			

TABLE FD-6 (CONTINUED--2 OF 3)

QUESTION #2 (Continued)

		First Round -Ranking-		Second Round -Rating-	
		Total	Rank	Total	Rank
19.	Pluralistic methods of prepayment be allowed to continue (capitation based on quasi-fee-for-service or fee-for-service).	6			
20.	Continuance of development of third-party payment for appropriate out-patient procedures.	1			
21.	Develop national mandatory National Health Insurance, premiums to be funded by private, industrial fringe benefits, and federal funds for aged and indigent.	23	5	405	6
22.	Mimimun of government intervention at all levels (federal, state, local).	13	9	45	
23.	Comfortable MD income and retirement benefits, based on periodic group peer review.	9			
24.	Medical education and training organized so that generalists are "captains" of care and specialists are consultants.	10			
25.	Guaranteed reimbursement for all legitimate services regardless of where or by whom rendered.	4			
26.	Greater effort in education of lay public in the preservation of their health and the cost of medical care, with its limitations.	4			
27.	Create independent government agency with all executive staffing by personnel with identified clinical, planning, and administrative capabilities.	3			
28.	Hospital based group practice where feasible. (MDs not hospital employees)	5			
29.	All clinics should provide on an extensive scale, patient education, provided by health education specialists funded by all third party carriers.	7			
30.	Continued development of paramedical system, acceptable to the provider and the consumer, and controlled.	6			
31.	Develop an independent, non-federal organization, consisting of research, academic, and practicing health professionals, to establish the proper balance in energy expenditure in research and clinical medical education.				
32.	Preservation of traditional lines of referral, without interferrance by arbitrary or geographic boundaries.	9			
33.	Primary role of medical schools is basic science education, with all clinical training in regional health systems.	4			
34.	Clinical education provided by groups should be adequately reimbursed.				
35.	Institute into the medical school curriculum instruction and experience in health care administration, so that all MDs have some knowledge and interest in this area.	6			
36.	Develop a rural health strategy based on groups integrated from primary through tertiary care levels.	5			
37.	Adequate education and training of both MDs and laymen in group practice administration.	2			

TABLE FD-6 (CONTINUED--3 OF 3)

QUESTION #2 (Continued)

	First Round -Ranking-		Second Round -Rating-	
	Total	Rank	Total	Rank
38. Much more attention will be paid to transportation of patients to regional health facilities, rather than establishing numerous small clinics.	7			
39. Return to a system that accepts the most qualified individuals rather than "filling" medical schools.	3			
40. Developing a comprehensive, viable medical communications system, providing the modalities of literature review and continuing education for the practicing health professional.	13	9	524	4
41. Physical facilities planning to be strongly influenced by knowledgeable experienced MDs.				
42. Consolidate quality assurance along due care lines, cutting down on fragmented surveys.	6			
43. Encourage (mandate) greater (majority) MD participation of development of a practical health delivery system.	7			
44.. Eliminate medical school tuition and base admissions only on capabilities for excellence.				
45. Sophistication in data processing in the business office and in appropriate clinic activities.	3			
46. MDs in top management will have 40 hour weeks, and at least six weeks of annual time off, with a minimum of two of these weeks spent on education.				
47. Self-care facilities established at all hospital based group practices, for continuing patient care, rehabilitation, and education.	3			
48. Create periodic sabbaticals without financial penalties, to prevent medical professional stagnation.				
49. Group managers will have nationally standardized prerequisite college training programs, degrees, and internship requirements and will be compensated on level with MDs.	10			
50. Greater integration and cooperation between MDs and lay administrators, both of whom are well-trained.	12	10	279	
51. National licensure of all MDs.	4			

TABLE FD-7

Selected Organizational Variables Compared Prescenario With Postscenario

Part of this study included collection data for predicting the future roles of group practice administrators. Among the sources of this data was a group of 15 preselected professional administrators all of whom had completed the study's survey questionnaire. Each of the 15 administrators were sent a second questionnaire and one of these scenarios describing possible futures of the health care field. Each administrator was asked to complete the second questionnaire as a "typical administrator"might complete it given the circumstances specified in the scenario. Fourteen of the 15 administrators returned their second questionnaire.

Table FD-7 presents prescenario and postscenario responses to selected organizational variables from the survey questionnaire for each of the three different scenarios. For example, the professional administrators who responded to scenario 3 stated, after reading the scenario, that their group's percentage of gross operating revenue from prepayment would be an average of 23.7% (postscenario column, variable 4). These same administrators had responded prescenario that in their actual situation, none of their gross operating revenue came from prepayment.

TABLE FD-7

SELECTED ORGANIZATIONAL VARIABLES COMPARED PRESCENARIO WITH POSTSCENARIO

Selected Variables	Scenario	Prescenario	Postscenario
1. Average number of hours in a typical week spent as group practice administrator:			
	Scenario 1	44.7	40.7
	Scenario 2	46.7	43.5
	Scenario 3	50.5	37.5
2. Normal staffing level in terms of full time equivalents			
a. Total physician members:			
	Scenario 1	10.7	29.5
	Scenario 2	17.7	24.2
	Scenario 3	15.5	22.2
b. Total physician employees:			
	Scenario 1	5.5	1.7
	Scenario 2	2.7	2.2
	Scenario 3	8.2	1.2
3. Growth of group:			
	Scenario 1	2.7	3.0
	Scenario 2	2.2	3.0
	Scenario 3	2.5	2.0
4. Percentage of gross operating revenue from prepayment:			
	Scenario 1	0	3.7
	Scenario 2	0	20.2
	Scenario 3	0	23.7

TABLE FD-8

Comparison of Prescenario With Postscenario Average
Number of Tasks for Each of the Three Scenarios by
Katz and Kahn Subsystems (Column 1 of Standard List)

Part of this study included collecting data for predicting the future roles of group practice administrators. Among the sources of this data was a group of 15 preselected professional administrators all of whom had completed the study's survey questionnaire. Each of the 15 administrators were sent a second questionnaire and one of threescenarios describing possible futures of the health care field. Each administrator was asked to complete the second questionnaire as a "typical administrator" might complete it given the circumstances specified in the scenario. Fourteen of the 15 administrators returned their second questionnaire.

The survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. For each task, the professional administrator indicated if the task was performed in his medical group. The average numbers of tasks performed by professional administrators are presented in Table FD-8. These averages are presented for each of the three scenarios in terms of Katz and Kahn subsystems (1966). For example, the professional administrators who responded to scenario 3 indicated that under the conditions of the scenario, perform an average of 40.0 maintenance tasks. These same professional administrators had indicated prescenario that in their actual situation, 34.0 maintenance tasks were performed. The difference between the prescenario response and the postscenario response is 6.0, which is presented in the Difference column of the table.

TABLE FD-8

COMPARISON OF PRESCENARIO WITH POSTSCENARIO AVERAGE NUMBER OF TASKS FOR EACH OF THE THREE SCENARIOS BY KATZ AND KAHN SUBSYSTEM (COLUMN 1 OF STANDARD LIST)

Subsystem	Prescenario			Postscenario			Difference		
	1	2	3	1	2	3	1	2	3
1. Maintenance	37.6	34.8	34.0	36.0	39.0	40.0	-1.6	4.2	6.0
2. Boundary/Production Supportive--Procurement	11.8	11.2	11.8	12.8	14.2	15.8	1.0	3.0	4.0
3. Boundary/Production Supportive--Disposal	5.8	5.8	5.8	4.8	6.0	5.3	-1.0	0.2	-0.5
4. Boundary/Institutional Supportive	2.4	2.4	2.0	2.4	3.0	2.8	0	0.6	0.8
5. Adaptive	9.2	8.0	8.5	8.4	9.6	9.0	-.8	1.6	0.5
6. Managerial	57.2	58.0	58.8	52.6	60.8	64.3	-4.6	2.8	5.5
Total	124.0	119.8	120.8	117.2	132.6	137.0	-6.8	12.8	16.2

TABLE FD-9

Comparison of Prescenario With Postscenario Chief Responsibility for Each of the Three Scenarios Expressed as a Percentage of Subsystem Tasks in Each Katz and Kahn Subsystem (Column 2 of Standard List)

Part of this study included collecting data for predicting the future roles of group practice administrators. Among the sources of this data was a group of 15 preselected professional administrators all of whom had completed the study's survey questionnaire. Each of the 15 administrators were sent a second questionnaire and one of three scenarios describing possible futures of the health care field. Each administrator was asked to complete the second questionnaire as a"typical administrator"might complete it given the circumstances specified in the scenario. Fourteen of the 15 administrators returned their second questionnaire.

The survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. If a task was performed by someone in his group, the professional administrator responded as to who was chiefly responsible for satisfactory performance of the task. This response was made according to the following key: NO = no one in the organization; LA = lay administrator; MD = medical director (not simply any physician); GB = governing body; OT = someone other than the governing body, medical director, or lay administrator.

In addition, the tasks were classified by Katz and Kahn subsystems (1966). In this way, the professional administrators' responses could be presented in the framework of the subsystems.

Table FD-9 presents the percentage of subsystem tasks for which each administrator was chiefly responsible categorized by each scenario. For example, the professional administrators who responded to scenario 1 indicated that 8% of the maintenance subsystem tasks would be the chief responsibility of the medical director under the conditions of the scenario. These same professional administrators had indicated prescenario that in their actual situation none of the maintenance subsystem tasks were the chief responsibility of the medical director. The difference between the prescenario response and the postscenario response is 8% which is presented in the Difference column of the table.

TABLE FD-9

COMPARISON OF PRESCENARIO WITH POSTSCENARIO CHIEF RESPONSIBILITY FOR EACH OF THE THREE SCENARIOS EXPRESSED AS A PERCENTAGE OF SUBSYSTEM TASKS IN EACH KATZ AND KAHN SUBSYSTEM (COLUMN 2 OF STANDARD LIST)

Subsystem	Chief Responsibility	Prescenario			Postscenario			Difference		
		1	2	3	1	2	3	1	2	3
1. Maintenance										
	No One	0	0	0	0	0	0	0	0	0
	Professional Administrator	56	55	43	59	59	37	3	4	- 6
	Medical Director	0	0	0	8	7	15	8	7	15
	Governing Body	25	25	28	24	30	28	- 1	5	0
	Other	18	20	29	9	4	21	- 9	-16	- 8
2. Boundary/Production Supportive--Procurement										
	No One	0	0	0	0	0	0	0	0	0
	Professional Administrator	58	63	55	51	75	47	- 7	12	- 8
	Medical Director	3	0	0	5	5	13	2	5	13
	Governing Body	29	20	23	32	11	21	3	- 9	- 2
	Other	11	17	23	12	9	21	1	- 8	- 2
3. Boundary/Production Supportive--Disposal										
	No One	0	3	10	0	0	0	0	- 3	-10
	Professional Administrator	73	73	51	67	77	71	- 6	4	20
	Medical Director	10	0	0	0	7	5	-10	7	5
	Governing Body	0	0	0	20	10	5	20	10	5
	Other	17	24	39	13	7	19	- 4	-17	-20
4. Boundary/Institutional Supportive										
	No One	0	0	13	0	0	0	0	0	-13
	Professional Administrator	57	60	29	50	73	33	- 7	13	4
	Medical Director	6	0	0	0	6	8	- 6	6	8
	Governing Body	16	13	50	37	20	50	21	7	0
	Other	20	27	8	13	0	8	- 7	-27	0
5. Adaptive										
	No One	0	0	0	0	0	0	0	0	0
	Professional Administrator	51	63	56	61	61	56	10	- 2	0
	Medical Director	12	0	0	0	4	8	-12	4	8
	Governing Body	24	28	29	37	32	20	7	4	- 9
	Other	13	9	10	2	2	16	-11	- 7	6
6. Managerial										
	No One	0	0	1	0	0	1	0	0	0
	Professional Administrator	39	49	30	49	47	34	10	2	4
	Medical Director	3	0	0	2	3	6	- 1	3	6
	Governing Body	42	43	51	46	48	51	4	5	0
	Other	16	8	19	4	2	9	-12	- 6	-10
Total										
	No One	0	0	1	0	0	1	0	0	0
	Professional Administrator	48	54	38	54	57	39	6	3	1
	Medical Director	4	0	0	4	5	10	0	5	10
	Governing Body	32	32	38	36	35	37	4	3	- 1
	Other	16	13	23	7	3	15	- 9	-10	- 8

TABLE FD-10

Comparison of Prescenario With Postscenario Average Personal Involvement for Each of the Three Scenarios by Katz and Kahn Subsystem (Column 3 of Standard List)

Part of this study included collecting data for predicting the future roles of group practice administrators. Among the sources of this data was a group of 15 preselected professional administrators all of whom had completed the study's survey questionnaire. Each of the 15 administrators were sent a second questionnaire and one of three scenarios describing possible futures of the health care field. Each administrator was asked to complete the second questionnaire as a "typical administrator" might complete it given the circumstances specified in the scenario. Fourteen of the 15 administrators returned their second questionnaire.

The survey questionnaire included a Standard List of Administrative Tasks that are commonly performed in health care delivery organizations. The professional administrator indicated the extent of his personal involvement in the performance of each task on a scale ranging from "no personal involvement" (1) to "high personal involvement" (5).

In additon, the tasks were classified by Katz and Kahn subsystems (1966). In this way, the professional administrators' responses could be presented in the framework of the subsystems.

Table FD-10 presents the professional administrators' average personal involvement in each subsystem for each of the three scenarios. For example, the professional administrators who responded to scenario 3 indicated an average personal involvement of 3.56 in maintenance subsystem tasks under the conditions of the scenario. These same professional administrators had indicated prescenario that in their actual situation their average personal involvement was 3.40 in maintenance subsystem tasks. The difference between the prescenario response and the postscenario response is .16 which is presented in the Difference column of the table.

TABLE FD-10

COMPARISON OF PRESCENARIO WITH POSTSCENARIO AVERAGE PERSONAL INVOLVEMENT FOR EACH OF THE THREE SCENARIOS BY KATZ AND KAHN SUBSYSTEM (COLUMN 3 OF STANDARD LIST)

Subsystem	Prescenario			Postscenario			Difference		
	1	2	3	1	2	3	1	2	3
1. Maintenance	3.74	3.79	3.40	3.63	3.63	3.56	-.11	-.16	.16
2. Boundary/Production Supportive--Procurement	4.15	4.00	4.28	3.86	4.15	3.92	-.29	.15	-.36
3. Boundary/Production Supportive--Disposal	3.49	3.53	3.47	3.53	3.57	3.38	.04	.04	-.09
4. Boundary/Institutional Supportive	3.73	3.90	2.83	3.50	3.87	3.67	-.23	-.03	.84
5. Adaptive	3.86	4.23	3.74	4.15	3.90	3.63	.29	-.33	-.11
6. Managerial	3.70	3.83	3.53	3.61	3.72	3.61	-.11	-.11	.08
Total	3.75	3.84	3.56	3.68	3.75	3.62	-.07	-.09	.06

TABLE FD-11

Comparison of Professional Administrators' Prescenario With Postscenario Involvement for Each of the Three Scenarios by Who is Chiefly Responsible in Each Katz and Kahn Subsystem (Column 2--3 Interaction)

Part of this study included collecting data for predicting the future roles of group practice administrators. Among the sources of this data was a group of 15 preselected professional administrators all of whom had completed the study's survey questionnaire. Each of the 15 administrators were sent a second questionnaire and one of those scenarios describing possible futures of the health care field. Each administrator was asked to complete the second questionnaire as a "typical administrator" might complete it given the circumstances specified in the scenario. Fourteen of the 15 administrators returned their second questionnaire.

In addition, the tasks were classified by Katz and Kahn subsystems (1966). In this way, the professional administrators' responses could be presented in the framework of the subsystems.

Table FD-11 presents the professional administrators'average personal involvement by who is chiefly responsible for each Katz and Kahn subsystem by each of the three scenarios. For example, the professional administrators who responded to scenario 3 indicated that their average personal involvement would be 1.16 for the maintenance subsystem tasks in which the medical director had chief responsibility. These same professional administrators had indicated prescenario that in their actual situation their average personal involvement was 0 in the maintenance subsystem tasks in which the medical director had chief responsibility. The difference between this prescenario response and the postscenario response is 1.16 which is presented in the Difference column of the table.

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TABLE FD-11

COMPARISON OF PROFESSIONAL ADMINISTRATORS' PRESCENARIO WITH POSTSCENARIO INVOLVEMENT FOR EACH OF THE THREE SCENARIOS BY WHO IS CHIEFLY RESPONSIBLE IN EACH KATZ AND KAHN SUBSYSTEM (COLUMN 2--3 INTERACTION)

Subsystem	Chief Responsibility	Involvement								
		Prescenario			Postscenario			Difference		
		1	2	3	1	2	3	1	2	3
1. Maintenance										
	No One	0	0	0	0	0	0	0	0	0
	Professional Administrator	4.66	4.62	4.27	4.23	4.27	4.64	- .43	- .35	.37
	Medical Director	.80	0	0	.53	.94	1.16	- .27	.94	1.16
	Governing Body	2.90	2.88	2.47	2.32	2.55	3.44	- .58	- .33	- .03
	Other	1.95	2.53	2.44	.77	.65	2.29	-1.18	-1.88	- .15
2. Boundary/Production Supportive--Procurement										
	No One	0	0	0	0	0	0	0	0	0
	Professional Administrator	4.62	4.47	4.56	4.49	4.32	4.75	- .13	- .35	.19
	Medical Director	1.00	0	0	.60	.73	1.77	- .40	.73	1.77
	Governing Body	3.35	2.81	4.31	2.85	1.77	2.35	- .50	-1.04	2.04
	Other	2.60	2.90	3.89	1.18	1.37	2.10	-1.42	-1.53	-1.79
3. Boundary/Production Supportive--Disposal										
	No One	0	.20	.88	0	0	0	0	- .20	- .88
	Professional Administrator	3.97	3.97	4.12	3.09	4.01	4.52	- .88	.04	.40
	Medical Director	1.20	0	0	0	.40	.50	-1.20	.40	.50
	Governing Body	0	0	0	.60	1.60	.25	.60	1.60	.25
	Other	1.73	2.00	2.54	1.00	.70	1.50	- .73	-1.30	-1.04
4. Boundary/Institutional Supportive										
	No One	0	0	.50	0	0	0	0	0	- .50
	Professional Administrator	2.93	3.10	2.13	2.10	3.97	3.38	- .83	.87	.25
	Medical Director	.60	0	0	0	.80	.50	- .60	.80	.50
	Governing Body	1.60	1.40	1.13	2.13	1.30	2.89	.53	- .10	1.76
	Other	.80	1.60	.75	.80	0	1.25	0	-1.60	.50
5. Adaptive										
	No One	0	0	.75	0	0	0	0	0	- .75
	Professional Administrator	4.35	4.67	3.96	3.99	4.48	3.98	- .36	- .19	.02
	Medical Director	1.40	0	0	0	.60	1.25	-1.40	.60	1.25
	Governing Body	2.47	3.77	3.92	2.81	3.45	3.25	.34	- .32	- .67
	Other	2.01	2.00	2.00	.40	.40	2.13	-1.61	-1.60	.13
6. Managerial										
	No One	0	0	.25	0	0	1.00	0	0	.75
	Professional Administrator	4.51	4.44	4.37	4.26	4.38	4.50	- .25	- .06	.13
	Medical Director	1.36	0	0	.73	.73	1.60	- .63	.73	1.60
	Governing Body	3.51	3.26	3.38	2.42	3.16	3.24	- .09	- .10	- .14
	Other	3.43	2.33	2.14	.85	1.60	1.80	-2.58	- .73	- .34
Total										
	No One	0	.20	.65	0	0	1.00	0	- .20	.35
	Professional Administrator	4.53	4.96	4.33	4.19	4.32	4.49	- .34	- .14	.16
	Medical Director	2.17	0	0	.71	.87	1.36	-1.46	.87	1.36
	Governing Body	3.45	3.18	3.27	2.46	3.06	3.29	- .99	- .12	.02
	Other	3.26	3.13	2.53	.92	1.88	3.35	-2.34	-1.25	.82